FEDERAL FINANCIAL REPORT (Follow form instructions) 1. Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assigned by Federal Agency evi to Which Report is Submitted (To report multiple grants, use FFR Attachment) U.S. Environmental Protection Agency FS-98969501-5 Recipient Organization (Name and complete address including Zip code) THE HOP! TRIBE, PO BOX 123, KYKOTSMOVI, AZ 68039 4a, DUNS Number 4b. EIN 5. Recipient Account Number or Identifying Number 6. Report Type 7. Basis of Accounting (To report multiple grants, use FFR Attachment) ☐ Quarterly O Semi-Annual 86-0134082 '579-XXXX-6260-579 a Annual 116136961 @ Final □ Cash ■ Accrual 8. Project/Grant Period 9. Reporting Period End Date From: (Month, Day, Year) To: (Month, Day, Year) (Month, Day, Year) 10/1/2000 12/31/2012 12/31/2012 10. Transactions Cumulativo (Use lines a-a for single or multiple grant reporting) Federal Cash (To report multiple grants, also use FFR Attachment): a. Cash Receipts \$1,230,254,66 b. Cash Disbursements 51,230,254,72 c. Cash on Hand (line a minus b) (\$0.08)(Use lines d-a for single grant reporting) Federal Expenditures and Unobligated Balance: d. Total Federal finds authorized \$1,259,000.00 e. Federal share of expenditures \$1,230,254,72 Federal share of unEquidated obligations \$0.00 g. Total Federal shere (sum of lines e and f) \$1,230,254,72 h. Unobligated balance of Federal funds (line d minus g) \$28,745.29 Recipient Share: Total recipient chava required 50.00 Recipient share c! expanditures 50,00 k. Remaining recipient share to be provided (line I minus j) 50.00 Program Income: I. Total Foderal program income earned m. Program Incom-i expended in accordance with the deduction alternative rx. Program income expended in eccordance with the addition alternative o. Unexpended program income (line) minus line m or line n) b. Rate a. Type d. Period From Period To d. Base e. Amount Charged f. Federal Share 11, Indirect Expense g. Totals: 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing ligitalities; 13. Cartification: By signing this report, I cartify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalities. (U.S. Gode, Title 218, Section 1001) Typed or Printed Name and Title of Authorized Certifying Official c. Telephone (Area code, number and extension) (928) 734-3301 d. Email address Shirley Wesaw, Finance Director SWesaw@hopi.nsn.us e. Date Report Submitted (Month, Day, Year) b. Signature of A stronzed Certifying Official

Standard Form 425

OMB Approval Number: 0348-0081 Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as emended, no persons are required to respond to a collection of information unless it displays a valid OMS Control Number. The valid OMS control number for this reference to this information collection is 0343-0361. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, assembling data sources, gethering and maintaining the data needed, and completing and reviewing the collection of information. Sond comments regarding the burden estimate of any other appear of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budger, Paperwork Reduction Project (0348-0061). Westington, DC 20503.

FEDERAL FINANCIAL REPORT

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		ederal funds (line d minus	9)							6,339.42
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	nt share of expend		15							\$0.00
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o. Unexper	nded program inco	ome (line I minus line m or l	line n)		1					
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12. Remarks:	Attach any explai	nations deemed necessary	or information requ	ired by Feder	ral sponsoring agency in	compliance wit	h governing le	agislation:		

13. Certificati	on: By signing	this report, I certify that it	t is true, complete,	and accurat	te to the best of my kno	wledge. I am	aware that			
any raise,	nctitious, or trau	idulent information may s	subject me to crim	inal, civil, or	administrative penalitie	es. (U.S. Code	, Title 218, S	ection 1001)	
a. Typed or Pr	inted Name and 1	itle of Authorized Certifying	g Official			c. Telepho	ne (Area code	, number ar	nd extensi	ion)
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Signature of	f Authorized Certif	Sina Official						@hopi.nsr		
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Standard Form 425

OMB Approval Number: 0348-0061

Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

			(Fo	llow form instr	uctions)				
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to Which Re	port is Submitted		(To report m	ultiple grants,	use FFR Attachment	r)		1	1
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	deral funds authorized	o Dalance.					T	**	50 000 00
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	ted balance of Federal fur								26,339.42
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	account any anymanamento a	ormounoscouly of	mormanon roqu	nou by r cocr	ar sponsoring agency	iii compilance wi	in governing te	gisiation.	
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Standard Form 425

OMB Approval Number: 0348-0061

Expiration Date: 10/31/2011

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0051), Washington, DC 20503.



November 2, 2010

Anna Woods U.S. Environmental Protection Agency Las Vegas Financial Center P. O. Box 98515 Las Vegas, NV 89193-8515

Re: #FS-98969501

Dear Ms. Woods:

Enclosed is the required Annual SF425 Federal Financial Report covering the period October 1, 2009 thru September 30, 2010.

Should you have any questions, please call Ms. April Ahownewa, Accounting Specialist, @ (928) 734-3305.

Sincerely,

Joseph Begay, Finance Director

The Hopi Tribe

XC: File Program NOV 0 8 2010

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FEDERAL FINANCIAL REPORT

			(Fol	low form instr	uctions)				
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U.S	6. Environmental P	rotection Agency			FS-98969501			nin	pages
3. Recipient Or	rganization (Name	and complete address inclu	iding Zip code)				Lake	\	pages
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10. Transact	ions							Cumulative	
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a. Cash Re	eceipts								18,654.48
	sbursements								71,214.48
	Hand (line a minu							(\$	52,560.00)
	for single grant		HOSE AND REAL PROPERTY AND ADDRESS OF THE PARTY OF THE PA						
		bligated Balance:						64.0	50,000,00
	deral funds author share of expenditu								59,000.00 71,214.48
	share of expendituations of unliquidate								64,700.00
	deral share (sum o			100000000000000000000000000000000000000					35,914.48
		deral funds (line d minus g)							23,085.52
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i. Total rec	ipient share requi	red							\$0.00
	t share of expendi				***				\$0.00
		to be provided (line i minus))						\$0.00
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11. Indirect									
Expense	THE RESIDENCE OF THE	RECORDERATION SERVICE AND SERVICE SERVICES		a Tatalai					
12. Remarks:	Attach any explan	ations deemed necessary o	r information requ	g. Totals: ired by Feder	l al sponsoring agency in (compliance wit	h governing leg	gislation:	
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		Janach Berry Fire	Director/Ct	llor		d. Email ad		734-3301	
A .		Jospeh Begay, Finance	Ulrector/Comptro			D-4- D		hopi.nsn.us	
b. Signature of	Authorized Certify	ving Official		RE	CEIVED	e. Date Re	port Submitted	I (Month, Day, Yea	11)
		- 8	0 8 2010	14. Agency use only:					
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Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011

FEDERAL FINANCIAL REPORT

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to Which Re	port is Submitted		(To report m	ultiple grants,	use FFR Attachment)			_ 1	1
U.S	S. Environmental	Protection Agency			FS-98969501				pages
3. Recipient O	rganization (Nam	e and complete address inc	luding Zip code)		*		1	1 My	pages
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8. Project/Gran	nt Period				. /	9. Reporting	Period End Da	ate	
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b. Cash Dis	sbursements			5. III - L. 1000 M. 100					
c. Cash on	Hand (line a min	us b)							\$0.00
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	deral share (sum								9,395.97
		ederal funds (line d minus g))					\$53	9,604.03
Recipient Sh	are:						,		
i. Total rec	ipient share requ	ired			22				\$0.00
j. Recipien	t share of expend	litures	3.						\$0.00
k. Remainin	g recipient share	to be provided (line i minus	j)						\$0.00
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I. Total Fede	eral program inco	me earned							
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12, Remarks.	Allacii ariy expiai	lations deemed necessary c	n mormation requ	ned by redere	ar sponsoning agency in t	compliance wit	ir governing reg	gistation.	
13. Certification	n: By signing t	this report, I certify that it i	s true, complete.	and accurate	e to the best of my know	wledge. I am	aware that		
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		Jospeh Begay, Finance	Director/Comptro	ller 🖘 🗀	CEIVED	d. Email a			
				Park I	CENTE		jbegay@	hopi.nsn.us	
b. Signature of	Authorized Certil	ying Official		FFD	0 0 2010	e. Date Re	port Submitted	(Month, Day, Year))
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Standard Form 425

OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011

Paperwork Burden Statement
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FINANCIAL STATUS REPORT

(Short Form) (Follow instructions on the back)

Federal Agency a to which report is	•	lement	Federal Grant or C by Federal Agence		mber A	Assigned	OMB Approval	Page	of
No.	LVFC), P.O. Box	98515.	by rodordry (gone	ž.			0348-0038	1	1
	gas, NV 89193-85			FS-98969501	-4				pages
3. Recipient Organi	zation (Name and c	omplete addres	s, including ZIP code)			L		
The Hopi Tribe,	P.O. Box 123, K	(ykotsmovi, <i>A</i>	AZ 86039						
4. Employer Identific	cation Number	5. Recipient A	ccount Number or Ide	entifying Number	6. Fin	al Rep <mark>ort</mark>	7. Basis		
86-01	5140 ACCUSED COMMUNICATION CO.		579-XXXX-6260-] Yes [x] No	[] Cash	[x]A	ccrual
8. Funding/Grant Pe From: (Month, D		<i>າs)</i> ┃To: (Month, ⊑	Jay Vear)	9. Period Covered From: (Month, I			To: (Month, Da	v Voc	\
10/1/			/30/2009	199	0/1/2		9/30/2	200	11)
		<u> </u>		, ,			II		
10. Transactions:				Previously Reported	3	This Period	Cumu		
a. Total outlays				533,675	.57	47,360.82		581,0	36.39
b. Recipient sha	are of outlays				-	-			-
c. Federal share	e of outlays			533,675	.57	47,360.82		581,0	36.39
d. Total unliquid	lated obligations				Janes I	4		204,9	56.63
e. Recipient sha	are of unliquidated o	bligations							
f. Federal share	of unliquidated obli	gations					:	204,9	956.63
g. Total Federal	share (Sum of lines	c and f)						785,9	993.02
h. Total Federal	funds authorized for	this funding pe	eriod				1,:	259,0	00.00
i. Unobligated b	alance of Federal fu							473,0	006.98
11. Indirect	a. Type of Rate (Pla	ce "X" in appropri		determined		[] Final	[] Fixed		
Expense	b. Rate	[] Trovisional	c. Base		d. To	otal Amount	e. Federal Share		
					12				
12. Remarks: Attach a	ny explanations deeme	ed necessary or in	formation required by Fe	deral sponsoring agend	cy in co	ompliance with governing	legislation.		
13. Certification:	I certify to the best of my	knowledge and belie	of that this report is correct a	and complete and that all c	outlays	and	The little was a second of the little was a seco		
Typed or Printed Name		are for the purposes	set forth in the award docur	ments.		Telephone (Area Code,	number and extensi	on)	
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	8-50	uova, Acting	Finance Director				34-3313		
Signature of Authorized	Certifying Official	1 000		RECEIVE		Date Report Submitted	1		
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FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

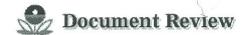
1. Federal Agency and Organzational E	lement 2. Federal Grant or 0	Other Identifying No	umber	Assigned	OMB Approval	Page of
to which report is submitted	by Federal Agend	cy 🧹			No.	
EPA Region 9, Grants Mgmt., I	PMD-7 75	FC 00000	4 1		0348-0038	1111
Hawthorne Street, San Francisco	o, CA.94105	FS-9896940	11-4			pages
3. Recipient Organization (Name and c	complete address, including ZIP code)				
The Hopi Tribe, P.O. Box 123, k	Kykotsmovi, AZ 86039					
4. Employer Identification Number	5. Recipient Account Number or Ide	entifying Number	6. Fir	nal Report	7. Basis	
86-0134082	579-XXXX-6260-	579] Yes [x] No	[] Cash	[x] Accrual
8. Funding/Grant Period (See Instruction	ns)	9. Period Covered	d by th	is Report		
From: (Month, Day, Year)	To: (Month, Day, Year)	From: (Month	, Day,	Year)	To: (Month, Da	ay, Year)
10/1/2000	11/30/2009	1-	10/1/2	2005	9/30/2	2006
10. Transactions:		I		ll ll	II	I
		Previously	У	This Period	Cumu	lative
a. Total outlays		509,65	7.92	24,017.65	,	533,675.57
b. Recipient share of outlays			-	-		-
c. Federal share of outlays		509,65	7.92	24,017.65	,	533,675.57
d. Total unliquidated obligations						202,207.70
e. Recipient share of unliquidated o	bligations					
f. Federal share of unliquidated obli	gations					202,207.70
g. Total Federal share (Sum of lines	c and f)					735,883.27
h. Total Federal funds authorized for	r this funding period				1,:	259,000.00
 Unobligated balance of Federal fu 	ınds <i>(Line h minus line g)</i>					523,116.73
a. Type of Rate (Pla	ace "X" in appropriate space)					
11. Indirect	[] Provisional [] Pred	letermined		[] Final	[] Fixed	
Expense b. Rate	c. Base		d. T	otal Amount	e. Federal Share	
10. Demorker Attach any symloneticus de ma			<u> </u>		L	
12. Remarks: Attach any explanations deeme	ed necessary of information required by Fe	derai sponsoring agei	ncy in c	ompliance with governing	legislation.	
						1
						1
13. Certification: I certify to the best of my	knowledge and belief that this report is correct a	and complete and that all	Loutlave	and		
	are for the purposes set forth in the award docur	and the second of the second o	outidyo	unu		
Typed or Printed Name and Title				Telephone (Area Code,	number and extensi	on)
Winifred Secal	kuku-Serawop, Finance Direct					econom
Signature of Authorized/Certifying Official	AD W. Out			Date Report Submitted	77	
NSN 7540-01-218-4387	101.17.0	//				
110111010101010101	/	269-202			Standard F	orm 269A (Rev. 7-97)

RECEIVED

Prescribed by OMB Circulars A-102 and A-110 2 and A-110

JAN 26 2007

GMO, MTS-7



IFMS Document: GO FS98969501

12/22/06

Document Summary:

General Ledger Entries

Doc Type: GO Doc No: FS98969501

Vendor Code: 860134082A1 GICS Grant No: 989695014

GICS Budget Start Date: 10/01/2000 GICS Budget End Date: 11/30/2009 GICS Project Start Date: 10/01/2000 GICS Project End Date: 11/30/2009

Order Date: 09/28/00 Effective Date: 10/01/00

Closed Date: End Date: 11/30/05

Servicing Finance Office: AP09 Order Amount: \$1,259,000.00 Paid Amount: \$539,651.68 Available Amount: \$719,348.32 Vendor: THE HOPI TRIBE

Document Details:

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Line#	Line Amt	Paid Amt	Available Amt	BFY	Fund	Org	Program	Job	BOC	CostOrg	Comments
001	\$42,000.00	\$42,000.00	\$0.00	2000	E3C	09LA09K	20101B	99DB	4109		0009W6E043
002	\$1,217,000.00	\$497,651.68	\$719,348.32	2001	E3C	09LA09K	20101B	00DB	4109		0109W6E040

Document Activity:

Date	Ref Amount	Related Document	Direction	Date	Ref Amount	Related Document	Date	Ref Amount	Related Document
11/16/06			Forward						
10/18/06	\$5,976.11	DA 07AS0198652	Forward						
04/05/06	\$3,984.17	DA 06AS0160669	Forward						
02/28/06	\$14,815.58	DA 06AS0153465	Forward						
01/06/06	\$50,245.48	DA 06AS0143115	Forward			-			
05/10/05	\$1,164.48	GP 05AS0096165	Forward						
02/23/05	\$18,148.97	GP A5006362503	Forward						
01/06/05	\$28,096.48	GP A5006372441	Forward						
11/16/04	\$401.69	GP A5006390971	Forward						
10/15/04	\$96,887.47	GP A5006360288	Forward		¥		72		
07/07/04	\$16,699.62	GP A4001175156	Forward						
05/28/04	\$242,219.58	GP A4001153734	Forward						
05/28/04	\$6,023.65	GP A4001153741	Forward		(f)				7) Y
09/21/01	\$1,217,000.00	RQ 0109W6E040	Back						
06/18/01	\$8,052.40	GP A1001846901	Forward						
06/18/01	\$26,902.52	GP A1001846918	Forward						
09/28/00	\$42,000.00	RQ 0009W6E043	Back	17	12	-			0 1/ ÷

Warehouse Homepage
EPA@Work Home | EPA Internet | Comments
http://iasint.rtpnc.epa.gov/neis/grant_web.grant_result
This web page was last updated on 08/08/2006.



IFMS Document: GO FS98969501

10/12/06

Document Summary:

General Ledger Entries

Doc Type: GO Doc No: FS98969501 Vendor Code: 8601340

Vendor Code: 860134082A1 GICS Grant No: 989695014

GICS Budget Start Date: 10/01/2000 GICS Budget End Date: 11/30/2009 GICS Project Start Date: 10/01/2000 GICS Project End Date: 11/30/2009

Order Date: 09/28/00 Effective Date: 10/01/00

Closed Date: End Date: 11/30/05

Servicing Finance Office: AP09 Order Amount: \$1,259,000.00 Paid Amount: \$513,642.09 Available Amount: \$745,357.91 Vendor: THE HOPI TRIBE

Document Details:

Expand

Line#	Line Amt	Paid Amt	Available Amt	BFY	Fund	Org	Program	Job	BOC	CostOrg	Comments
001	\$42,000.00	\$42,000.00	\$0.00	2000	E3C	09LA09K	20101B	99DB	4109		0009W6E043
002	\$1,217,000.00	\$471,642.09	\$745,357.91	2001	E3C	09LA09K	20101B	00DB	4109		0109W6E040

Document Activity:

Date	Ref Amount	Related Document	Direction	Date	Ref Amount	Related Document	Date	Ref Amount	Related Document
04/05/06	\$3,984.17	DA 06AS0160669	Forward						
02/28/06	\$14,815.58	DA 06AS0153465	Forward	- 1					
01/06/06	\$50,245.48	DA 06AS0143115	Forward						
05/10/05	\$1,164.48	GP 05AS0096165	Forward						
02/23/05	\$18,148.97	GP A5006362503	Forward						
01/06/05	\$28,096.48	GP A5006372441	Forward						
11/16/04	\$401.69	GP A5006390971	Forward						
10/15/04	\$96,887.47	GP A5006360288	Forward						
07/07/04	\$16,699.62	GP A4001175156	Forward					*	
05/28/04	\$242,219.58	GP A4001153734	Forward				- 1	4	
05/28/04	\$6,023.65	GP A4001153741	Forward		4				(4)
09/21/01	\$1,217,000.00	RQ 0109W6E040	Back						
06/18/01	\$8,052.40	GP A1001846901	Forward						
06/18/01	\$26,902.52	GP A1001846918	Forward						
09/28/00	\$42,000.00	RQ 0009W6E043	Back					4	

Warehouse Homepage
EPA@Work Home | EPA Internet | Comments
http://iasint.rtpnc.epa.gov/neis/grant_web.grant_result
This web page was last updated on 08/08/2006.
This data was last updated on 10/12/2006 18:01
This page coordinated by: Virginia Reagan

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

Federal Agency and Organzat to which report is submitted The Province IV. Control Management of the Province IV. Control Manageme		2. Federal Gra by Federal A	nt or Other Iden Agency	ntifying Number	OMB Approva	l No.	Page	Of
EPA, Region IX, Grants Mgmt. 75 Hawthorne St., San Francisco		F	S-98969501	-2	0348	-0039	1	1
3. Recipient Organization (Name	and complete ad	dress, including	g ZIP code)					
	123 vi, Arizona 3							ø
4. Employer Identification Number	5. Recipient Acc	ount Number of	r Identifying Nui	6. Final Report	t		7. Basis	
86-0134082	579-	xxxx-6260-		() Yes	(X) No		() Cash	(X) Accrual
8. Funding/Grant Period From: (Month, Day, Year) 10/1/2000	To: (Month, Day 11/30)		9. Period Cove From: (Month,	ered by this Rep Day, Year) 10/1/2004	oort	To: (Month, Da	ay, Year) 9/30/2005	5
10. Transactions:			I				III	
		Previously	y Reported	This I	Period	Cum	nulative	
a. Total outlays		\$ 3	97,186.93	\$ 1	12,470.99	\$	509,657.92	
b. Recipient share of outlays		1131						
c. Federal share of outlays			\$ 3	97,186.93	\$ 1	12,470.99	\$:	509,657.92
d. Total unliquidated obligations							\$	-
e. Recipient share of unliquidate	ed obligations						\$	-
f. Federal share of unliquidated	obligations						\$	-
g. Total Federal share (Sum of li	nes c and f)						\$	509,657.92
h. Total Federal funds authorized	d for this funding	period	4 4.				\$ 1,2	259,000.00
I. Unobligated balance of Feder	al funds (Line h r	ninus line g)					\$	749,342.08
11. Indirect a. Type of Rate	e (Place "X" in ap	propriate space	() Provisiona	a () Pred	etermined	() Final	()	Fixed
	N/A	c. Base	N/A	d. Total Amou	N/A		e. Federal S	h: N/A
12. Remarks: Attach any explar								
13. Certification: I certify to the back for the purpose:	est of my knowle s set forth in the a			s correct and co	mplete and that	all outlays and	unliquidated o	bligations are
Typed or Printed Name and Title	5				Telephone (Ar	rea Code, numb	er and extens	ion)
Winifred Secakuku-Sera	wop, Financ	e Director				(928) 7	34-3301	
Signature of Authorized Certifying	RECEI	VED 2006	Date Report Submitted 02.23.06					
	/		MAK T 0	F000			Standard Form 269	A (REV 4-88)

GMO, PMD-7

Prescribed by OMB Circulars A-102 and A-110



Bessie Lee/R9/USEPA/US

01/03/2006 08:06 AM

- To umowa@hopi.nsn.us, nnutongla@hopi.nsn.us
- cc rkagenveama@hopi.nsn.us, ataylor@hopi.nsn.us, Elizabeth Stahl/R9/USEPA/US@EPA, Anna Woods/LV/USEPA/US@EPA, William

bcc

Subject Fw: Partial Approval of Payment Requests from the Hopi Tribe - USEPA DWTSA Grant Nos. FS-98969501 (Moenkopi) and FS-98969401 (Shungopavi) - Payment Period April 1 through June 30, 2005

Uberta and Nat,

I am re-sending this e-mail about questions I have about a \$50,245.48 payment request for the Moenkopi grant from the Hopi Tribe. Please refer to Richard's August 2005 comments that he was going to follow up with Uberta about answers to my questions. I cannot continue my review of the payment request until I hear back from the tribe.

Please respond back as soon as possible so we can decide on an action for the payment. Thanks...

Bessie Lee

U.S. Environmental Protection Agency, Region 9 Drinking Water Office (WTR-6) 75 Hawthorne Street San Francisco, California 94105-3901

Phone: (415) 972-3776 Fax: (415) 947-3549

E-mail: lee.bessie@epa.gov

---Forwarded by Bessie Lee/R9/USEPA/US on 01/03/2006 07:58 AM -----



Bessie Lee/R9/USEPA/US

10/03/2005 07:59 AM

- To Richard Kagenveama < RKagenveama@hopi.nsn.us>
- cc Elizabeth Stahl/R9/USEPA/US@EPA, jashrob3@epamail.epa.gov, jroberson@hopitribe.org, Nat Nutongla < NNutongla@hopi.nsn.us>, Uberta Mowa <UMowa@hopi.nsn.us>, William Pumphrey/LV/USEPA/US@EPA

Subject Partial Approval of Payment Requests from the Hopi Tribe -USEPA DWTSA Grant Nos. FS-98969501 (Moenkopi) and FS-98969401 (Shungopavi) - Payment Period April 1 through June 30, 2005

Richard,

I have not yet heard back from you concerning your follow-up to questions I had about the Moenkopi payment requests (i.e., Consulting Services charge of \$49,401.52 and Personnel charges of \$3,669.61). Thus, I will approve of the following:

DWTSA Grant No. FS-98969501 (Moenkopi): \$0 \$50,245.48 was requested for payment. The question about Consulting Services and past Personnel charges have still not been addressed.

DWTSA Grant No. FS-98969401 (Shungopavi): \$62,591.06



Bessie Lee/R9/USEPA/US

01/03/2006 07:58 AM

To Anna Woods/LV/USEPA/US@EPA

cc Elizabeth Stahl/R9/USEPA/US@EPA

bcc

Subject Fw: Partial Approval of Payment Requests from the Hopi Tribe - USEPA DWTSA Grant Nos. FS-98969501 (Moenkopi) and FS-98969401 (Shungopavi) - Payment Period April 1 through June 30, 2005

Anna,

Below is a series of e-mails concerning the subject payment requests from the Hopi Tribe. I still have not heard back from the tribe about my questions on the Moenkopi grant. Thus, it remains unapproved. I had approved the payment request for the Shungopavi grant on October 3, 2005 (see e-mail below in which Bill Pumphrey was copied).

Based on your e-mail to Kevin Ryan and Elizabeth, I take it that I need to reiterate my concerns on the Moenkopi grant in a memo to the tribe. Please let me know if my e-mails were not enough and I need to transfer everything over to memo form. I will also re-e-mail my October 3, 2005 e-mail to other people at the Hopi Tribe to see if I can get a response.

Bessie Lee

U.S. Environmental Protection Agency, Region 9 Drinking Water Office (WTR-6) 75 Hawthorne Street San Francisco, California 94105-3901

Phone: (415) 972-3776 Fax: (415) 947-3549

E-mail: lee.bessie@epa.gov

Forwarded by Bessie Lee/R9/USEPA/US on 01/03/2006 07:51 AM -----



Bessie Lee/R9/USEPA/US

10/03/2005 07:59 AM

- To Richard Kagenveama < RKagenveama@hopi.nsn.us>
- cc Elizabeth Stahl/R9/USEPA/US@EPA. jashrob3@epamail.epa.gov, jroberson@hopitribe.org, Nat Nutongla < NNutongla @hopi.nsn.us>, Uberta Mowa <UMowa@hopi.nsn.us>, William Pumphrey/LV/USEPA/US@EPA

Subject Partial Approval of Payment Requests from the Hopi Tribe -USEPA DWTSA Grant Nos. FS-98969501 (Moenkopi) and FS-98969401 (Shungopavi) - Payment Period April 1 through June 30, 2005

Richard,

I have not yet heard back from you concerning your follow-up to questions I had about the Moenkopi payment requests (i.e., Consulting Services charge of \$49,401.52 and Personnel charges of \$3,669.61). Thus, I will approve of the following:

DWTSA Grant No. FS-98969501 (Moenkopi): \$0 \$50,245.48 was requested for payment. The question about Consulting Services and past Personnel charges have still not been addressed.

DWTSA Grant No. FS-98969401 (Shungopavi): \$62,591.06 The entire requested amount of \$62,591.06 is being approved.

Thus, for Bill Pumphrey of USEPA, please process the above approvals.

Bessie Lee

U.S. Environmental Protection Agency, Region 9 Drinking Water Office (WTR-6) 75 Hawthorne Street San Francisco, California 94105-3901 Phone: (415) 972-3776

Fax: (415) 947-3549 E-mail: lee.bessie@epa.gov

Richard Kagenveama < RKagenveama@hopi.nsn.us>



Richard Kagenveama <RKagenveama@hopi.nsn.u

08/23/2005 11:18 AM

To Bessie Lee/R9/USEPA/US@EPA

cc William Pumphrey/LV/USEPA/US@EPA, Nat Nutongla <NNutongla@hopi.nsn.us>, jroberson@hopitribe.org, jashrob3@epamail.epa.gov, Elizabeth Stahl/R9/USEPA/US@EPA, Uberta Mowa

<UMowa@hopi.nsn.us>

Subject RE: Questions on Payment Requests from the Hopi Tribe - USEPA DWTSA Grant Nos. FS-98969501 (Moenkopi) and FS-98969401 (Shungopavi) - Payment Period April 1 through

June 30, 2005

PLEASE SEE MY COMMENTS/RESPONSES IN BOLD BLUE. THANK YOU!

Richard Kagenveama Contract/Grant Accountant Office of Financial Management Phone: (928) 734-3314 rkagenveama@hopi.nsn.us

----Original Message----

From: Lee.Bessie@epamail.epa.gov [mailto:Lee.Bessie@epamail.epa.gov]

Sent: Thursday, August 04, 2005 11:44 AM

To: Richard Kagenveama

Cc: Pumphrey.William@epamail.epa.gov; Nat Nutongla; jroberson@hopitribe.org;

jashrob3@epamail.epa.gov; Stahl.Elizabeth@epamail.epa.gov

Subject: Questions on Payment Requests from the Hopi Tribe - USEPA DWTSA Grant Nos. FS-98969501 (Moenkopi) and FS-98969401 (Shungopavi) - Payment Period

April 1 through June 30, 2005

Richard,

The grant period for the payment requests for the subject grants is April 1, 2005 through June 30, 2005. I have some questions about the subject payment requests before they can be approved:

FS-98969501 (Moenkopi)

The budget breakdown for the subject grant is (using USEPA categories):

1. Personnel \$0 Fringe Benefits 2. \$0 \$8,000 3. Travel 4. Equipment \$0 5. Supplies \$6,120 \$1,229,880 6. Contractual 7. Construction \$0 8. Other \$15,000 Total \$1,259,000

\$375.00 was charged to the project as a "Seminar/Training Fee." Because there is no training category in the grant, there is no budget in the grant for training. Please clarify and justify where this charge fits into the grant. Otherwise, this charge is not eligible under the grant.

The Hopi Tribe's line item "Seminar/Training Fee" is under EPA's "Other" category on the application submitted on 7.16.01. EPA also awarded this line item under the "Other" category.

Since \$28,676.40 was credited to the project as "Consulting Services," it is assumed that these charges were mis-categorized. Please confirm. Will these charges show up in a future payment request?

I spoke with our disbursement department and I was informed that the original payments were made but due to a system error the payments (checks) had to be voided which are indicated with the invoice number followed by a (u). They were then reissued which are indicated with the invoice number followed by a (y). This type of activity will not happen again unless the disbursement office needs to void and reissue payments.

A total of \$49,401.52 of "Consulting Services" was charged to the grant for the payment request period. The "Consulting Services" were for the contractors that are working on the project. It is my understanding that the contractors were told to stop work on the project quite a few months back until an alternative for the project is approved by both villages. Please clarify how the stop work request resulted in approximately \$50,000 in charges.

I have forwarded this email to Uberta and informed her to respond to this question.

This is an issue that was raised with the tribe many months ago, but I have not fully pursued it until now. For the entire period of the project, \$3,669.61 of "Personnel" costs have been charged to the project. As noted in the budget breakdown above, the grant has no money set aside for "Personnel" charges. Please propose a way to resolve the personnel costs. Otherwise, the personnel costs will need to be credited to the grant.

I have information regarding this request between the program and Kevin Ryan on an email dated 12/02/03 from Kevin to Joelynn. I was not sure if this was all the information that transpired so I informed Uberta to response to this question.

This is another issue that was raised with the tribe many months ago. The Hopi Tribe has its own accounting classifications that are more detailed than the USEPA's classifications. In the past, I have assumed that certain Hopi classifications fit into the USEPA classifications. Instead of my assuming the classifications, it would be better if the Hopi Tribe provide USEPA with a list of their accounting classifications and where they fit into the USEPA classifications. This could be in tabular form such as:

Hopi Classification
Office Supplies
Printing/Binding
General Operating Supplies
Gas, Oil & Lube
Consulting Services
...and so on...

USEPA Classification Supplies ??? Supplies ??? Contractual

This will help both the Hopi Tribe and USEPA track the money in the grant.

Please see the account classification below for Hopiand US EPA.

ACCOUNT CODE
CLASSIFICATION: HOPI vs.
US EPA

HOPI CLASSIFICATION

4005 Overtime Pay 5100 Travel 5250 Training/Seminar Fees 5500 Office Supplies 5510 Postage 5520 Printing & Binding 5600 Gas, Oil & Lube Personnel Travel Other Supplies Other Other Other C

n t r a c t u a

6700 Consulting Services

FS-98969401 (Shungopavi)

The budget breakdown for the subject grant is (using USEPA categories):

Personnel \$0 2. Fringe Benefits \$0 Travel \$12,000 Equipment \$0 5. Supplies \$8,439 6. Contractual \$1,867,561 7. Construction \$0 8. Other \$22,000 Total \$1,910,000

Since \$50,182.47 was credited to the project as "Consulting Services," it is assumed that these charges were mis-categorized. Please confirm. Will these charges show up in a future payment request?

I spoke with our disbursement department and I was informed that the original payments were made but due to a system error the payments (checks) had to be voided which are indicated with the invoice number followed by a (u). They were then reissued which are indicated with the invoice number followed by a (y). This type of activity will not happen again unless the disbursement office needs to void and reissue payments.

As with the Moenkopi grant, the Hopi Tribe has its own cost classifications that are more detailed than the USEPA's classifications. In the past, I have assumed that certain Hopi classifications fit into the USEPA classifications. Instead of my assuming the classifications, it would be better if the Hopi Tribe provide USEPA with a list of their accounting classifications and where they fit into the USEPA classifications. This could be in tabular form such as:

Hopi Classification
Office Supplies
Printing/Binding
General Operating Supplies
Gas, Oil & Lube
Consulting Services
...and so on...

USEPA Classification Supplies ??? Supplies ??? Contractual

ACCO UNT CODE CLAS SIFIC ATIO N: HOPI Vs. US EPA

HOPI CLASSIFICATION

4005 Overtime Pay
5100 Travel
5250 Training/Seminar Fees
5500 Office Supplies
5510 Postage
5520 Printing & Binding
5550 General Operating Supplies
5600 Gas, Oil & Lube

US EPA CLASSIFICATION

Personnel
Travel
Other
Supplies
Other
Other
Supplies
Other
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6700 Consulting Services

The sooner you can get back to me with responses to the above questions, the sooner I can approve of the payment requests. If you have any questions, please do not hesitate to contact me at (415) 972-3776.

Bessie Lee

U.S. Environmental Protection Agency, Region 9 Drinking Water Office (WTR-6) 75 Hawthorne Street San Francisco, California 94105-3901

Phone: (415) 972-3776 Fax: (415) 947-3549

E-mail: lee.bessie@epa.gov



To rkagenveama@hopi.nsn.us

cc William Pumphrey/LV/USEPA/US@EPA, nnutongla@hopi.nsn.us, jroberson@hopitribe.org,

Ex. 6 - Personal Privacy, Elizabeth Stahl/R9/USEPA/US@EPA

bcc

Subject Questions on Payment Requests from the Hopi Tribe -USEPA DWTSA Grant Nos. FS-98969501 (Moenkopi) and FS-98969401 (Shungopavi) - Payment Period April 1 through June 30, 2005

Richard,

The grant period for the payment requests for the subject grants is April 1, 2005 through June 30, 2005. I have some questions about the subject payment requests before they can be approved:

FS-98969501 (Moenkopi)

The budget breakdown for the subject grant is (using USEPA categories):

 Personnel 	\$0
2. Fringe Benefits	\$0
3. Travel	\$8,000
4. Equipment	\$0
5. Supplies	\$6,120
6. Contractual	\$1,229,880
7. Construction	\$0
8. Other	\$15,000
Total	\$1,259,000

- \$375.00 was charged to the project as a "Seminar/Training Fee." Because there is no training category in the grant, there is no budget in the grant for training. Please clarify and justify where this charge fits into the grant. Otherwise, this charge is not eligible under the grant.
- Since \$28,676.40 was credited to the project as "Consulting Services," it is assumed that these charges were mis-categorized. Please confirm. Will these charges show up in a future payment request?
- A total of \$49,401.52 of "Consulting Services" was charged to the grant for the payment request period. The "Consulting Services" were for the contractors that are working on the project. It is my understanding that the contractors were told to stop work on the project quite a few months back until an alternative for the project is approved by both villages. Please clarify how the stop work request resulted in approximately \$50,000 in charges.
- This is an issue that was raised with the tribe many months ago, but I have not fully pursued it until now. For the entire period of the project, \$3,669.61 of "Personnel" costs have been charged to the project. As noted in the budget breakdown above, the grant has no money set aside for "Personnel" charges. Please propose a way to resolve the personnel costs. Otherwise, the personnel costs will need to be credited to the grant.
- This is another issue that was raised with the tribe many months ago. The Hopi Tribe has its own accounting classifications that are more detailed than the USEPA's classifications. In the past, I have assumed that certain Hopi classifications fit into the USEPA classifications. Instead of my assuming the classifications, it would be better if the Hopi Tribe provide USEPA with a list of their accounting classifications and where they fit into the USEPA classifications. This could be in tabular form such

Hopi Classification

Office Supplies Printing/Binding

General Operating Supplies Gas, Oil & Lube

Consulting Services

...and so on...

USEPA Classification

Supplies

??? Supplies

???

Contractual

This will help both the Hopi Tribe and USEPA track the money in the grant.

FS-98969401 (Shungopavi)

The budget breakdown for the subject grant is (using USEPA categories):

1. Personnel

\$0

2. Fringe Benefits

\$0

3. Travel

\$12,000

4. Equipment

\$0

5. Supplies

\$8.439

6. Contractual

\$1,867,561

7. Construction

\$0

8. Other

\$22,000

Total

\$1,910,000

- Since \$50,182.47 was credited to the project as "Consulting Services," it is assumed that these charges were mis-categorized. Please confirm. Will these charges show up in a future payment request?
- As with the Moenkopi grant, the Hopi Tribe has its own cost classifications that are more detailed than the USEPA's classifications. In the past, I have assumed that certain Hopi classifications fit into the USEPA classifications. Instead of my assuming the classifications, it would be better if the Hopi Tribe provide USEPA with a list of their accounting classifications and where they fit into the USEPA classifications. This could be in tabular form such as:

Hopi Classification

USEPA Classification

Office Supplies

Supplies

Printing/Binding General Operating Supplies

??? Supplies

Gas, Oil & Lube

??? Contractual

Consulting Services

...and so on...

The sooner you can get back to me with responses to the above questions, the sooner I can approve of the payment requests. If you have any questions, please do not hesitate to contact me at (415) 972-3776.

Bessie Lee

U.S. Environmental Protection Agency, Region 9 Drinking Water Office (WTR-6)

75 Hawthorne Street

San Francisco, California 94105-3901

Phone: (415) 972-3776 Fax: (415) 947-3549

E-mail: lee.bessie@epa.gov

•								
					ė.			
				Approved by Office of Manage	ment and	PAGE 0	F	
REQUEST	FOR AD	VANC	E	Budget, No. 80-R0183		1	1	
OR REII	MBURSEN	MENT		1. TYPE OF PAYMENT	a. "X" one, or both boxes () ADVANCE (X) REIMBURSEMENT	2. BASIS OF REQUEST		
				REQUESTED		() CASH		
(See in:	structions on ba	ck)		,	b. "X" the applicable box () FINAL (X) PARTIAL	(X) ACCRUAL		
3. FEDERAL SPONSORING AGENCY AN ELEMENT TO WHICH THIS REPORT IS				4. FEDERAL GRANT OR OTHE NUMBER ASSIGNED BY FED		5. PARTIAL PMT NO. FOR THIS I	REQUEST	
EPA, Region 9, Grants I				FS - 9	8969501 - 0	5	#09 /	
75 Hawthorne Street, Sa				4				
6. EMPLOYER IDENTIFICATION NUMBER	7. RECIPIENT'S ACCI OR IDENTIFYING N	NUMBER		8. FROM (month, day, year):	PERIOD COVERED BY THIS REQUEST	TO (month, day,)		
86-0134082	579 - x	xxx - 6260	- 579		2/01/04		/31/04	
9. RECIPIENT ORGANIZATION		.1		1	s to be sent is different than item	9)		
Name:	The Hopi Tr			Name:	The Hopi Tribe			
Number and Street:	P.O. Box 123		0.6020	Number and Street:	P.O. Box 123	96030		
City, State and ZIP Code:	Kykotsmovi			City, State and ZIP Code:	Kykotsmovi, Arizona	00039		
PROGRAMS/FUNCTIONS/A	***************************************	(a)	AMBONI OF	(b)	(c)	т	OTAL	
a. Total program outlays	(As of date)	1 7				<u> </u>	01712	
to date	12/31/2004	\$	443,432.38			\$	443,432.38	
b. Less: Cumulative program income								
c. Net program outlays (line a minus line	h)	\$	443,432.38		11	\$	443,432.38	
d. Estm net cash outlays for advance pe								
e. Total (Sum of lines c & d)		\$	443,432.38			\$	443,432.38	
f. Non-Federal Share of amount on line of	1							
g. Federal share of amount on line e		\$	443,432.38			\$	443,432,38	
h. Federal payments previously requeste	nd.	\$	425,283.41			\$	425,283.41	
i. Federal share now requested (Line g m		\$	18,148.97			\$	18,148.97	
I. Federal share now requested (Line 9 ii	illus illie il)	Ψ	10/110171				10/110.57	
j. Advances required by month	1st month							
when requested by Federal grantor agency for use in	2ne month							
prescheduled advances.	3rd month		,				-	
12.				HITTOTOTOTOTOTOTOTOTOTO	COMEY	Τ		
a. Estimated Federal Cash outlays that b. Less: Estimated balance of Federal ca						_		
c. Amount requested (Line a minus line b		mining or advance	o portou					
			PERT	IFICATION				
11		SIGNATURE O		ERTIFYING OFFICIAL		DATE REQUEST S	SUBMITTED	
I certify that to the best of my knowled		1,)	1 1				
data above are correct and that all outla in accordance with the grant conditions		MU	in Del	2) Lucul		02.11	1.05	
ment and that payment is due and has n	ot been	TYPE OR PRIM	TEO NAME AND		1	TELEPHONE NUN		
previously requested.			d Secakuku	i-Serawop		(920) 734-	3301	
This space for agency use		rmance	Director		D	ECEIVE	1	
	P.O. 0	Mendel	111					
	P.O. 0	2/2	No.		FEI	B 1 8 200	5	
					GI	MO PMD	-7	

Report Date: 02/11/05 Report Date: 02/11/05 Run Date...: 02/11/05 11:24

MOEN DRINKING WATER INFRA

MOEN DRINKING WATER INFRA

11:24 G/L Balance - Detail in the Order of FUND counts From 579 4000 6260 To 579 || || 6260

Beginning of: December 1, 2004 (03-05) Thru Ending of: December 31, 2004 (03-05)

Page.: ID # GLTB CTL.: 579

G/L Account No Ctr Cal. Fiscl Date Jrnl Line Description Debit Credit 579 4005 6260 <No Name> - May be an Invalid Account ! Balance December 1, 2004 (03-05) 3,669.61 Activity ----> .00 .00 Balance December 31, 2004 (03-05) 579 5100 6260 <No Name> - May be an Invalid Account ! Balance December 1, 2004 (03-05) 578.54 HOP Dec 2004 03-2005 12/10/04 04-07 0226 Vendor ROB02 Invoice DNR99004 1,112.93 TEC 10/24-30/04 SAN FRANCISCO, CA ROBERSON, JUELINN
HOP Dec 2004 03-2005 12/29/04 04-18 0188 Vendor ROB02 Invoice DNR125104
TEC 12/20-21/04 FLAGSTAFF, AZ ROBERSON, JOELYNN 144.08 ROBERSON, JOELYNN Activity ----> 1.257.01 0.0 Balance December 31, 2004 (03-05) 1.835.55 579 5500 6260 <No Name> - May be an Invalid Account ! Balance December 1, 2004 (03-05) 676.59 Activity ---.00 .00 Balance December 31, 2004 (03-05) 676.59 579 5520 6260 <No Name> - May be an Invalid Account ! Balance December 1, 2004 (03-05) 1,545.60 Balance December 31, 2004 (03-05) 1,545.60 579 5550 6260 <No Name> - May be an Invalid Account ! Balance December 1, 2004 (03-05) 230.99 .00 .00 Balance December 31, 2004 (03-05) 230.99 579 5600 6260 <No Name> - May be an Invalid Account ! Balance December 1, 2004 (03-05) 5.558.25 HOP Dec 2004 03-2005 12/14/04 49-01 0002 CHEVRON/TEXACO/RQ#147177/INV#7973508729411/AC#7973 581.68 508729/BD: 11/12/04 581.68 Activity ----> .00 Balance December 31, 2004 (03-05) 6,139.93 579 6700 6260 EPA MOEN DRINKG CONSULTING SERV OFP USE ONLY Balance December 1, 2004 (03-05) 413,023.83 HOP Dec 2004 03-2005 12/09/04 04-06 0281 Vendor ARIO7 Invoice 10/29/04 pA400022 4,897.00 INV#03HOPI02.2-3 PO #A40002232 THE GEOMOETER, INC bda HOP Dec 2004 03-2005 12/10/04 04-07 0227 Vendor ARIO7 Invoice 10/29/04* pA400014 4,208.50 INV#03HOPI02.1-3 PO #A40001430 THE GEOMOETER, INC bda HOP Dec 2004 03-2005 12/15/04 04-10 0306 Vendor ARIO7 Invoice 11/26/04 INV#03HOPI02-15 PO #A30001106 pA300011 2,903.98 THE GEOMOETER, INC bda

HOP Dec 2004 03-2005 12/15/04 04-10 0307 Vendor ARIO7 Invoice 11/26/04* pA400022 4,300.80

INV#03HOPI02.2-4 PO #A40002232

Report Date: 02/11/05 MOEN DRINKING WATER INFRA Report Date: 02/11/05

Run Date...: 02/11/05 11:24

For All

Beginning of.: December 1, 2004 (03-05)

MOEN DRINKING WATER INFRA

1 Balance - Detail in the Order of FUND

ounts From 579 4000 6260 To 579 || || 6260

December 31, 2004 (03-05)

Thru Ending of.: December 31, 304 (03-05) Page.: 2 ID # GLTB CTL.: 579 G/L Account No Ctr Cal. Fiscl Date Jrnl Line Description Debit Credit 579 6700 6260 EPA MOEN DRINKG CONSULTING SERV OFP USE ONLY (Continues..) THE GEOMOETER, INC bda Activity ----> 16,310.28 .00 Balance December 31, 2004 (03-05) 429,334.11 Total for FUND 579 ---> 443,432.38 Total Detail Activity for FUND 579 ----> 18,148.97 .00 REPORT TOTAL ---> 443,432.38 .00

REPORT TOTAL for Detail Activity ----> 18,148.97

REQUES	T FOR AD	VANC	CE	Approved by Office of Manager Budget, No. 80-R0183	ment and	PAGE 1	0F 1	
OR REI	MBURSE	VIENT		1. TYPE OF PAYMENT	a. "X" one, or both boxes () ADVANCE (X) REIMBURSEMENT	2. BASIS OF REQUEST		
				REQUESTED	1	() CASH		
(See in	nstructions on ba	ick)			b. "X" the applicable box () FINAL (X) PARTIAL	(X) ACCRUAL		
3. FEDERAL SPONSORING AGENCY AI				4. FEDERAL GRANT OR OTHER	RIDENTIFYING	5. PARTIAL PM	T REQUEST	-
ELEMENT TO WHICH THIS REPORT I		C DA		NUMBER ASSIGNED BY FEDE	and the same of th	NO. FOR THIS REQUEST		
EPA, Region 9, Grants				FS - 98	8969501 - 0		#08	
75 Hawthorne Street, S				1				
6. EMPLOYER IDENTIFICATION NUMBER	7. RECIPIENT'S ACCO		:R	FROM (month, day, year):	TO (month, day,	, year):		
86-0134082	579 - x	xxx - 6260	0 - 579		0/01/04		1/30/04	
9. RECIPIENT ORGANIZATION				10. PAYEE (Where check is	s to be sent is different than item 9)		
Name:	The Hopi Tr			Name:	The Hopi Tribe			
Number and Street:	P.O. Box 123		1	Number and Street:	P.O. Box 123			
City, State and ZIP Code:	Kykotsmovi,				Kykotsmovi, Arizona	86039		
11.			FAMOUNT OF R	EIMBURSEMENTS / ADVA		1		
PROGRAMS/FUNCTIONS/		(a)		(b)	(c)		TOTAL	
a. Total program outlays	(As of date)	d.	405 000 41			0	105.00	22.44
to date	11/30/2004	\$	425,283.41			\$	425,28	33.41
b. Less: Cumulative program income								
c. Net program outlays (line a minus line	e b)	\$	425,283.41			\$	425,28	33.41
d. Estm net cash outlays for advance pe	eriod							
e. Total (Sum of lines c & d)	r /	\$	425,283.41			\$	425,28	33.41
f. Non-Federal Share of amount on line e	e							
g. Federal share of amount on line e		\$	425,283.41			\$	425,28	33.41
h. Federal payments previously requeste	ed	\$	397,186.93			\$	397,18	
i. Federal share now requested (Line g m		\$	28,096.48			\$ 6	28,09	The state of the s
					4		OK to	Cay
j. Advances required by month when requested by Federal	1st month						E 800	- Allerson
grantor agency for use in prescheduled advances.	2ne month						1/5/01	5
	3rd month		24310 Saw(371313)	2.05.25.35.30.30.30.30.50.37.28.77.22.30				
12. a. Estimated Federal Cash outlays that v				ita i hir pun auvanties	HHLY			
b. Less: Estimated balance of Federal ca								
c. Amount requested (Line a minus line b								
13.			CERTIF	HEATION				
	1	SIGNATURE O	OF AUTHORIZED CER	RTIFYING OFFICIAL		DATE REQUEST	SUBMITTED	
I certify that to the best of my knowledg data above are correct and that all outla	•	111	/	11			1	2
in accordance with the grant conditions	50 mm	Ille	init red	H Qually		12.20	.04	
ment and that payment is due and has not been TYPE OR PRINTED NAME AND				TLE	RECEIV	FELERHONE NUM	MBER'	
previously requested. Winifred Secakuku				Serawop		(920) 734-	3301	
~1 · · · · · · · · · · · · · · · · · · ·		Finance !	Director	DEC 2 7 2004				
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			4					

Report Date: 12/17/04 Run Date...: 12/17/04 16:43 MOEN DRINKING WATER INFRA

/L Trial Balance - Detail in the Order of FU Fear All Accounts From 579 4000 6260 To 579 || | | 60

Page.: ID # GLTB CTL.: 579

413,023.83

Beginning of.: October 1, 2004 (01-05) Thru Ending of.: November 30, 2004 (02-05) G/L Account No Ctr Cal. Fiscl Date Jrnl Line Description Credit 579 4005 6260 <No Name> - May be an Invalid Account ! Balance October 1, 2004 (01-05) 3,669.61 Activity ----> .00 Balance November 30, 2004 (02-05) 3,669.61 579 5100 6260 <No Name> - May be an Invalid Account ! Balance October 1, 2004 (01-05) 539.54 HOP Oct 2004 01-2005 10/15/04 67-09 0001 Expense TEC# DNR-988-04, Joelynn Roberson, Flag-39.00 staff, AZ, 10/14/04, dr 579-1202 & cr 579-1201. Activity ----> .00 39.00 -----Balance November 30, 2004 (02-05) 578.54 579 5500 6260 <No Name> - May be an Invalid Account ! Balance October 1, 2004 (01-05) 676.59 Activity ---> .00 Balance November 30, 2004 (02-05) 676.59 579 5520 6260 <No Name> - May be an Invalid Account ! Balance October 1, 2004 (01-05) 1,545.60 .00 Balance November 30, 2004 (02-05) 1.545.60 579 5550 6260 <No Name> - May be an Invalid Account ! Balance October 1, 2004 (01-05) 230.99 .00 Activity ----> .00 Balance November 30, 2004 (02-05) 230.99 579 5600 6260 <No Name> - May be an Invalid Account ! Balance October 1, 2004 (01-05) 4.616.93 HOP Oct 2004 01-2005 10/14/04 49-01 0003 CHEVRON - RQ#194699/INV#7973508729409/AC#797350872 104.78 9/BD: 9/10/04 HOP Nov 2004 02-2005 11/09/04 49-00 0023 CHEVRON/TEXACO RQ#194722/INV#7973508729410/AC#7973 836.54 508729/BD: 10/15/04 Activity ----> Balance November 30, 2004 (02-05) 5,558.25 EPA MOEN DRINKG CONSULTING SERV OFP USE ONLY 579 6700 6260 Balance October 1, 2004 (01-05) 385,907.67 HOP Oct 2004 01-2005 10/08/04 04-06 0454 Vendor ARIO7 Invoice 9/03/04 pA300011 202.66 INV#03HOPI02-14 PO #A30001106 THE GEOMOETER, INC bda HOP Oct 2004 01-2005 10/12/04 04-08 0123 Vendor ARIO7 Invoice 9/03/04 pA400022 16,630.50 INV#03HOPI02.2-1 PO #A40002232 THE GEOMOETER, INC bda HOP Nov 2004 02-2005 11/17/04 04-13 01<mark>46 Vendor ARI07 Invoice 10/01/04* INV#03HOPI02.2-2 PO #A4</mark>0002232 pA400022 10,283.00 THE GEOMOETER, INC bda 27,116.16 .00

Balance November 30, 2004 (02-05)

Report Date: 12/17/04 MOEN DRINKING WATER INFRA Run Date: 12/17/04 16:43 G/L Trial Balance - Detail in the Order of FUNCAL All Accounts From 579 4000 6260 To 579	Page.: 2 ID # GLTB CTL.: 579
G/L Account No Ctr Cal. Fiscl Date Jrnl Line Description Debit	Credit
Total for FUND 579> 425,283.41	.00
Total Detail Activity for FUND 579> 28,096.48	.00
REPORT TOTAL> 425,283.41	.00
REPORT TOTAL for Detail Activity> 28,096.48	.00

FINANCIAL STATUS REPORT

(Short Form) (Follow instructions on the back)

1. Federal Agency and Organzational Elem	ont	2 Endard Crant or	. Other Identifying N		OMB Approval No.		In.	
to which report is submitted	ent		ederal Grant or Other Identifying Number Assigned y Federal Agency				Page	Of I
EPA, Region IX, Grants Mgmt	Sect.,PMD-7							
75 Hawthorne St., San Francisc	o, CA 94105	F	S-98969501	1-2	0348	3-0039	1	1
3. Recipient Organization (Name and comp	lete address, including		0,0,0,50					
The Hopi	Tribe							
P.O. Box								
	vi, Arizona	86039						
4. Employer Identification Number	5. Recipient Account		ing Number	6. Final Report			7. Basis	9
86-0134082	xxxx-6260		() Yes	(X) No		() Cash	(X) Accrual	
8. Funding/Grant Period	XXXX-0200	9. Period Covered	20 20 00000	(21) 100		1 / / 00311	(A / Acciual	
From: (Month, Day, Year)	To: (Month, Day, Yea	r)	From: (Month, Day			To: (Month, Day, Y	'ear)	
10/1/2000	11/30	/2005		10/1/2003			9/30/2004	4
10. Transactions:	19			1		İ		III
	Previousl	y Reported	This	Period	Cun	nulative		
a. Total outlays	\$	33,875.47	\$ 3	63,311.46	\$	397,186.93		
b. Recipient share of outlays				4				
c. Federal share of outlays		is.	\$	33,875.47	\$ 3	63,311.46	\$	397,186.93
d. Total unliquidated obligations							\$	-
e. Recipient share of unliquidated obligati	ons						\$	-
f. Federal share of unliquidated obligation	s						\$	-
g. Total Federal share (Sum of lines c and	f)						\$	397,186.93
h. Total Federal funds authorized for this f	unding period						\$ 1,2	259,000.00
I. Unobligated balance of Federal funds /L	ine h minus line g)						\$	861,813.07
11. Indirect a. Type of Rate (P.	lace "X" in appropriate	space)	() Provisional	() Pred	letermined	() Final	() Fixe	ed
Expense b. Rate	N/A	c. Base	N/A	d. Total Amount	N/A		e. Federal Share	N/A
12. Remarks: Attach any explanations de	e.				The state of the s			1,711
×								
13. Certification: I certify to the	best of my knowle	dge and belief t	hat this report is	s correct and co	mplete and that	all outlays and	unliquidated o	bligations are
for the purpose	s set forth in the a	ward documen	ts.					
Typed or Printed Name and Title					Telephone (Area Co	nde, number and ext	ension)	
Winifred Secakuku-Sera	wop, Financ	e Director				(928) 73	34-3301	
Signature of Authorized Certifying Official	A /				Date Report Submi	tted		
Ministrus -	AAI	· ()			100	5 N/		
10 wing ming	Juna	and a			102	0,07	3E0E##	VA 900
		,			The state of	THE PARTY	TUETVE	50

Proscribed by OMB Circulars A-102 and A-110
NOV 0 1 2004
GMO, PMD-7

REQUES	T FOR AD	OVAN	CE	Approved by Office of Manag Budget, No. 80-R0183	gement and	PAGE 1	0F 1	
OR RE	IMBURSE	MENT	Γ	1. TYPE OF PAYMENT	a. "X" one, or both boxes () ADVANCE (X) REIMBURSEMENT	2. BASIS OF REQUEST		
		£		REQUESTED	REIMBURSEMENT	() CASH		
	instructions on b				b. "X" the applicable box () FINAL (X) PARTIAL	(X) ACCRUAL		
3. FEDERAL SPONSORING AGENCY A ELEMENT TO WHICH THIS REPORT		L		4. FEDERAL GRANT OR OTH	5. PARTIAL PM			
EPA, Region 9, Grants		t. Sec. P	MD-7	NUMBER ASSIGNED BY FEI	DERAL AGENCY 98969501 - 0	NO. FOR THIS	S REQUEST #07	
75 Hawthorne Street, S	10 .00 2)0)0)301 - U		#07	
6. EMPLOYER IDENTIFICATION	7. RECIPIENT'S ACC	COUNT NUM		8.	PERIOD COVERED BY THIS REQUES	Г		
NUMBER OC 012100	OR IDENTIFYING	343		FROM (month, day, year):		TO (month, day	, year):	
9. RECIPIENT ORGANIZATION	xxx - 62	60 - 579		09/01/04		9/30/04		
Name:	The Hopi Ti	ribe		Name:	is to be sent is different than item The Hopi Tribe	9)		
Number and Street:	P.O. Box 123			Number and Street:	P.O. Box 123			
City, State and ZIP Code:	Kykotsmovi		na 86039	City, State and ZIP Code:	Kykotsmovi, Arizona	86020		
11				EIMBURSEMENTS: AUS		00039		
PROGRAMS/FUNCTIONS		(a)		(b)	(c)	7	TOTAL	
a. Total program outlays	(As of date)					<u> </u>	IOTAL	
to date	9/30/2004	\$	397,186.93			\$	397,186.93	
b. Less: Cumulative program income					1			
c. Net program outlays (line a minus lin	ie b)	\$	397,186.93			\$	397,186.93	
d. Estm net cash outlays for advance p	eriod		*				,	
e. Total (Sum of lines c & d)	-	\$	397,186.93	,		\$	397,186.93	
f. Non-Federal Share of amount on line	e							
g. Federal share of amount on line e	G.	\$	397,186.93			\$	397,186.93	
h. Federal payments previously request	ed	\$	396,785.24	/ 01		\$	396,785.24	
l. Federal share now requested (Line g r	minus line h)	\$	401.69	Ils Pa	. /	\$	401.69	
j. Advances required by month	1st month			SOLE				
when requested by Federal grantor agency for use in	2ne month			11/16/0	0		2	
prescheduled advances.	3rd month			7/1/	/			
12.		AL	MENTAL EXPENSE	MANUAL TO MANUAL SES	() CHELY			
a. Estimated Federal Cash outlays that	will be made during per	iod covered b	y this advance					
 Less: Estimated balance of Federal ca Amount requested (Line a minus line b 		ning of advar	nce period		7			
Amount requested (Line a minus line D	1)							
13.				ICATION				
certify that to the best of my knowled	1	SIGNATURE 1	OF AUTHORIZED CER	TIFYING OFFICIAL	NI I	DATE REQUEST S	SUBMITTED	
ata above are correct and that all outla		11.1.		14. d.			10	
accordance with the grant conditions		WW	want	Mulley		11.09.	04	
nent and that payment is due and has no	1		NZED NAME AND TIT	,	V. 29	TELEPHONE NUM	55.544 (60.00)	
reviously requested.	i i		d Secakuku-S	berawop	ae .	(920) 734-3301		
his space for agency use	<u>L</u>	папсе	Director	<i>"</i>				
	# 41 [15 10 C					SEN/ED		
	been	RE				ECEIVED		
	w n				NOV	1 5 2004		

GMO, PMD-7

Nov 15 04 09:00a Finance Dept 928 734 3317 p. 3 1 Page.: MOEN DRINKING WATER INFRA Report Date: 11/15/04 Run Date...: 11/15/04 08:34 08:34 G/A Tal Balance - Detail in the Order of FUND
For All Accounts From 579 4000 6260 To 579 || | | 6260
Beginning of: September 1, 2004 (12-04) Thru Ending of: September 30, 2004 (12-04) ID # GLTB CTL.: 579 G/L Account No Debit Credit Date Jrnl Line Description Ctr Cal. Fisch EPA MOEN DRINKG OVERTIME PAY OFF USE ONLY 579 4005 6260 3,669.61 Balance September 1, 2004 (12-04) Activity ----> 3,669,61 Balance September 30, 2004 (12-34) EPA MOEN DRINKS TRAVEL -ROUTINE OFF USE ONLY 579 5100 6260 539.54 Balance September 1, 2004 (12-04) .00 .00 Activity ----> 539.54 Balance September 30, 2004 (12-04) EPA MOEN DRINKG OFFICE SUPPLIES OFF USE ONLY 579 5500 -6260 676.59 Balance September 1, 2004 (12-04) .00 . 00 Activity --676.59 Balance September 30, 2004 (12-04) EPA MOEN DRINKG PRINTING/BIND. OFP USE ONLY 579 5520 6260 Balance September 1, 2004 (12-04) 1,545,6000 Balance September 30, 2004 (12-04) 579 5550 6260 EPA MOEN DRINKG GEN OPER SUPPLS OFF USE ONLY 230.99 Balance September 1, 2004 (12-04) . 00 .00 230.99 Balance September 30, 2004 (12-04) EPA MOEN DRINKG GAS, OIL & LUBE OFF USE CKLY 579 5600 6260 4,215.24 Balance September 1, 2004 (12-04)

ECP Sep 2004 12-2004 09/30/04 48-01 0015 EXPENSE SHELL RQ#194695 IMV#8C00190721409 401.69 AC#80-301-9072-1 BD: 9/1/04 .00 Activity ----> 401.69 4,616.93 Balance September 30, 2004 (12-04)

EPA MOEN DRINKG CONSULTING SERV OFF USE ONLY 579 6700 6260 385.907.67 Balance September 1, 2004 (12-04)

> Activity ----> . 20 .00 385,907.67 Balance September 30, 2004 (12-04)

> > REPORT TOTAL for Detail Activity ---->

397,186.93 Total for FUND 579 ---> . oc Total Detail Activity for FUND 579 ----> 401.69 397,186.93 REPORT TOTAL ----> .00 401.69

.00



Financial Data Warehouse **Document Review**

Document Summary:

General Ledger Entries

Doc Type: GO Doc No: FS98969501 Order Date: 09/28/00 Effective Date: 10/01/00

Closed Date:

Servicing Finance Office: AP09 Order Amount: \$1,259,000.00 Paid Amount: \$396,785.24 Available Amount: \$862,214.76 Vendor: THE HOPI TRIBE

Docum	Document Details: Expand											
Line#	Line Amt	Paid Amt	Available Amt	BFY	Fund	Org	Program	Job	BOC	CostOrg	Comments	
001	\$42,000.00	\$42,000.00	\$0.00	2000	E3C	09LA09K	20101B	99DB	4109		0009W6E043	
002	\$1,217,000.00	\$354,785.24	\$862,214.76	2001	E3C	09LA09K	20101B	00DB	4109		0109W6E040	

Document Activity:

Date	Ref Amount	Related Document	Direction	Date	Ref Amount	Related Document	Date	Ref Amount	Related Documen
10/15/04	\$96,887.47	GP A5006360288	Forward						
07/07/04	\$16,699.62	GP A4001175156	Forward		A.				
05/28/04	\$242,219.58	GP A4001153734	Forward						
05/28/04	\$6,023.65	GP A4001153741	Forward					\\	
09/21/01	\$1,217,000.00	RQ 0109W6E040	Back						
06/18/01	\$8,052.40	GP A1001846901	Forward						
06/18/01	\$26,902.52	GP A1001846918	Forward						
09/28/00	\$42,000.00	RQ 0009W6E043	Back			T C		i	

Financial Data Warehouse Homepage EPA@Work Home | EPA Internet | Search | Comments

http://oasint.rtpnc.epa.gov/pls/neis/grant_web.grant_result This web page was last updated on 09/02/2004. This data was last updated on 10/25/2004 14:15 This page coordinated by: Natasha McCann

REQUES ⁻	T FOR A	OVANCE	Approved by Office of N Budget, No. 80-R0183	Management and	PAGE OF 1
				- IIVII b - 4b b	
OR REI	MBURSE	MENT	1. TYPE OF PAYMENT	a. "X" one, or both boxes () ADVANCE (X) REIMBURSEMENT	2. BASIS OF REQUEST
			REQUESTED		() CASH
(See in	nstructions on ba	ack)	THE GOLDTED	b. "X" the applicable box () FINAL (X) PARTIAL	(X) ACCRUAL
3. FEDERAL SPONSORING	AGENCY AND (ORGANIZATIONAL	4. FEDERAL GRANT C	OR OTHER IDENTIFYING	5. PARTIAL PMT REQUEST
ELEMENT TO WHICH THIS	REPORT IS SU	JBMITTED	The respective control control of the second	BY FEDERAL AGENCY	NO. FOR THIS REQUEST
EPA, Region 9, Grants	Management	t, Sec. PMD-7		8969501 - 0	#06
75 Hawthorne Street, S.					
6. EMPLOYER IDENTIFICATA			8.	PERIOD COVERED	BY THIS REQUEST
NUMBER /		YING NUMBER	FROM (month, day, ye		TO (month, day, year):
86-0134082		xxx - 6260 - 579	(12 St.)	6/01/04	
9. RECIPIENT ORGANIZA		200 - 37 9		check is to be sent is diffe	08/31/04
Name:	The Hopi Ti	ribo		The Hopi Tribe	rent than item 9)
	P.O. Box 123		Name:	The state of the s	
Number and Street:			Number and Street:	P.O. Box 123	
	Kykotsmovi	i, Arizona 86039		Kykotsmovi, Arizona	
11.				EURSEMENTSWADVAN	des requested
PROGRAMS/FUNCTIONS			(b)	(c)	TOTAL
a. Total program outlays	AND CONTRACTOR DOUBLE POLICIONS AND		2		
to date	8/31/2004	\$ 396,785.24			\$ 396,785.24
b. Less: Cumulative program i	income				
c. Net program outlays (line a	minus line b)	\$ 396,785.24			\$ 396,785.24
d. Estm net cash outlays for ac	dvance period				
e. Total (Sum of lines c & d)	· · · · · · · · · · · · · · · · · · ·	\$ 396,785.24			\$ 396,785.24
f. Non-Federal Share of amour	nt on line e	Ψ 370,703.24			390,763.24
g. Federal share of amount on	line e	\$ 396,785.24			\$ 396,785.24
h. Federal payments previously	Market Inc.	\$ 299,897.77			
I. Federal share now requested	d (Line g minus I	\$ 96,887.47			\$ 96,887.47
j. Advances required by month	1st month			9	DIC 40 ba
when requested by Federal grantor agency for use in	2ne month				E Stall
prescheduled advances.					10/19/09
	3rd month	RANGESCHINERAGIOGRAGIOGRAGIOGRAGIOS VI RE-	and on 1 H D' Mar ad an 1991 on 12 at 1 a	J.F V 71 DD F V - DDI M VID & D. 74 C B J 700 E	
	ava that will be r		**************************************		
a. Estimated Federal Cash outb. Less: Estimated balance of F					
c. Amount requested (Line a m		riand as or beginning or ac	Tvarice period		
13.			CERTIFICAT	TON	
		SIGNATURE OF AUTHOR	RIZED CERTIFYING OF	FICIAL	DATE REQUEST SUBMITTED
I certify that to the best of my ki		/ 1 /	11		
data above are correct and that in accordance with the grant co		4 4 9 // /	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	1841	9.27.04
ment and that payment is due a			FAND TITLE	CXIC	TELEPHONE NUMBER
previously requested.		Winifred Secakuku-		1	(920) 734-3301
*		Finance Director	P		(>=0) /01-0001
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	///	change		OCT A 4 0004	
	C	0		OCT 0 4 2004	
		7 2	El .	GMO, PMD-7	

Report Date: 09/23/04

HOP Jun 2004 09-2004 06/08/04 04-05 0089 Vendor ARIO7 Invoice

HOP Jun 2004 09-2004 06/08/04 04-05 0090 Vendor ARIO7 Invoice

THE GEOMOETER, INC bda HOP Jul 2004 10-2004 07/22/04 04-14 0168 Vendor ARIO7 Invoice 6/11/04

MOEN DRINKING WATER INFRA

Page.:

Run Date...: 09/23/04 13:28

20			G/ L	IIIai Dai	ance	De	call.	TH CHE	OTO	TET	OT LOM	_	
		For	All	Accounts	From	579	4000	6260	To	579	9999	626	0
Desinains	of	. T	1100	1 2004	100-0	4.1	Thomas	Ending	of		Turanet	21	20

ID # GLTB CTL.: 579 Thru Ending of.: August 31, 2004 (11-04) Beginning of.: June 1, 2004 (09-04) G/L Account No Ctr Cal. Fiscl Debit Jrnl Line Description Credit EPA MOEN DRINKG OVERTIME PAY OFP USE ONLY 579 4005 6260 Balance June 1, 2004 (09-04) 3,669.61 Activity ----> -00 .00 Balance August 31, 2004 (11-04) 3,669.61 579 5100 6260 EPA MOEN DRINKG TRAVEL -ROUTINE OFP USE ONLY Balance June 1, 2004 (09-04) .00 HOP Aug 2004 11-2004 08/03/04 04-01 0180 Vendor NUT00 Invoice DNR77004* TEC 7/26-28/04 FLAGSTAFF, AZ 282.98 NUTONGLA, NAT A. HOP Aug 2004 11-2004 08/03/04 04-01 0181 Vendor ROB02 Invoice DNR76904* 256.56 TEC 7/26-28/04 FLAGSTAFF, AZ ROBERSON, JOELYNN Activity ----> 539.54 Balance August 31, 2004 (11-04) 539.54 EPA MOEN DRINKG OFFICE SUPPLIES OFP USE ONLY 579 5500 6260 676.59 Balance June 1, 2004 (09-04) Activity ---.00 Balance August 31, 2004 (11-04) 676.59 EPA MOEN DRINKG PRINTING/BIND. OFP USE ONLY 579 5520 6260 Balance June 1, 2004 (09-04) 1,545.60 .00 Balance August 31, 2004 (11-04) 1,545.60 EPA MOEN DRINKG GEN OPER SUPPLS OFP USE ONLY 579 5550 6260 Balance June 1, 2004 (09-04) 86.00 HOP Jun 2004 09-2004 06/08/04 04-05 0088 Vendor TRU02 Invoice 7395 pA400003 144.99 WTR RESOURCES PO #A40000381 TRUE VALUE-WESTERNER Activity ----> 144.99 .00 Balance August 31, 2004 (11-04) 579 5600 6260 EPA MOEN DRINKG GAS, OIL & LUBE OFP USE ONLY Balance June 1, 2004 (09-04) 3,048.84 HOP Jul 2004 10-2004 07/29/04 48-01 0016 EXPENSE SHELL RQ#194657 INV#8000190721407 292.50 AC#80-001-9072-1 BD:7/1/04 0001 EXPENSE-CHEVRON/RQ#194664/INV#7973508729407/ACCT#7 HOP Aug 2004 11-2004 08/16/04 49-00 728.23 HOP Aug 2004 11-2004 08/27/04 48-00 0013 EXPENSE SHELL RQ#194678 INV#8000190721408 145.67 AC#80-001-9072-1 BD: 8/1/04 Activity ----> 1,166.40 Balance August 31, 2004 (11-04) 4.215.24 EPA MOEN DRINKG CONSULTING SERV OFP USE ONLY 579 6700 6260 Balance June 1, 2004 (09-04) 290,871.13

pA300011

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6,206,64

3,181.55

506.64

3/19/04

4/16/04

INV#03HOPI02-10 PO #A30001106 THE GEOMOETER, INC bda

INV#03HOPI02-11 PO #A30001106

Report Date: 09/23/04 Run Date...: 09/23/04 13:28

Page.: 2 ID # GLTB CTL.: 579

G/L Account No Ctr Cal. Fiscl Date	Jrnl Line	Description		Debit	Credit
579 6700 6260		EPA MOEN DRINKG CONSULTING SERV OFP USE ONLY	(Continues)		
HOP Aug 2004 11-2004 08/1	.3/04 04-08	INV#03HOPI02-13 PO #A30001106 THE GEOMOETER, INC bda 0146 Vendor ARI07 Invoice 6/11/04*	pA400014	588.00	
		INV#03HOPI02.1-1 PO #A40001430 THE GEOMOETER, INC bda			
HOP Aug 2004 11-2004 08/1	.9/04 04-12	0392 Vendor ARI07 Invoice 7/09/04 INV#03HOPI02.1-2 PO #A40001430 THE GEOMOETER, INC bda	pA400014	6,948.50	
HOP Aug 2004 11-2004 08/2	24/04 04-15	0154 Vendor ARI07 Invoice 5/14/04 INV#03HOPI02-12 PO #A30001106 THE GEOMOETER, INC bda	pA300011	506.64	
HOP Aug 2004 11-2004 08/2	25/04 04-16	0137 Vendor BOB02 Invoice 18408060 PO #A40001215 BOB BEEMAN DRILLING CO.	pA400012	55,782.50	
HOP Aug 2004 11-2004 08/2	25/04 04-16	0138 Vendor BOB02 Invoice 18408060 RQ#183715 DP OVG PO#A4-1215 BOB BEEMAN DRILLING CO.		13,000.00	
HOP Aug 2004 11-2004 08/2	5/04 04-16	D139 Vendor B0B02 Invoice 18408060* DP OVG P0#A4-1215 BOB BEEMAN DRILLING CO.		8,316.07	
			Activity>	95,036.54	.00
		Balance August 31, 2004 (11-04)		385,907.67	



September 27, 2004

Wayne Taylor, Jr. CHAIRMAN

Caleb H. Johnson VICE-CHAIRMAN

Ms. Elizabeth Stahl, Grants Specialist U.S. Environmental Protection Agency 75 Hawthorne Street, PMD – 7 San Francisco, CA 94105

Dear Ms. Stahl:

Enclosed are the required reports for the following:

Grant No.: C9-98924900-0 1. SF 270 Request for Reimbursement #03

2. Grant No.: FS-98969401-0 SF 270 Request for Reimbursement #05

3. Grant No.: FS-98969501-0 SF 270 Request for Reimbursement #06

Grant No.: LS-97948903-0 4. SF 270 Request for Reimbursement #05

Grant No.: L-97949003-0 5. SF 270 Request for Reimbursement #07

Grant No.: S-98986801-0 6. SF 270 Request for Reimbursement #17

7. Grant No.: GA-97933501-1 SF 270 Request for Reimbursement #16

The Hopi Tribe is not requesting reimbursement for FY 2004 Indirect Costs.

Please feel free to contact Richard Kagenveama, C/G Accountant if you have any questions regarding the above mentioned reports.

Sincerely,

Winifred Secakuku-Serawop, Director

Office of Financial Management

Enclosures

Xc: Program Files

RECEIVED

GMO, PMC



To: Elizabeth Stahl/R9/USEPA/US@EPA

CC:

10/14/2004 02:37 PM

Subject: Approval of Requests for Reimbursement - Hopi DWTSA Infrastructure Grants

Elizabeth,

The Requests for Reimbursements for the following Hopi Tribe grants are approved:

- FS-98969401 (for the Shungopavi drinking water infrastructure project)
- FS-98969501 (for the Monekopi drinking water infrastructure project)

I had one question for Hopi and that was who the vendor "The Geomoeter, Inc." was that was listed under "Consulting Services". They explained that is the name of Arizona Engineering Company, who is the contractor working on both infrastructure projects.

Bessie Lee

U.S. Environmental Protection Agency, Region 9 Drinking Water Office (WTR-6) 75 Hawthorne Street San Francisco, California 94105-3901

Phone: (415) 972-3776 Fax: (415) 947-3549

E-mail: lee.bessie@epa.gov

BEQUES	T FOR A	OVANCE		Approved by Office of N Budget, No. 80-R0183		PAGE	OF 1	
ILLGOLO	I I OIL AL	VAITOL	1			1	1 1	
OR REI	IMBURSE	MENT		1. TYPE OF PAYMENT	a. "X" one, or both boxes () ADVANCE (X) REIMBURSEMENT	2. BASIS OF REQUEST		
* *** *** *** *** *** *** *** *** ***				REQUESTED		() CASH		
(See	instructions on ba	ack)	27		b. "X" the applicable box () FINAL (X) PARTIAL	(X) ACCRU	JAL	
3. FEDERAL SPONSORING				4. FEDERAL GRANT C	OR OTHER IDENTIFYING		PMT REQUEST	
ELEMENT TO WHICH THIS			J		BY FEDERAL AGENCY	NO. FOR THIS REQUEST		
EPA, Region 9, Grants				FS - 9	98969501 - 0		#05 🗸	
75 Hawthorne Street, S						1	* .	
6. EMPLOYER IDENTIFICAT NUMBER		S ACCOUNT NUME YING NUMBER		8. FROM (month, day, yea	PERIOD COVERED B ear):	TO (month, o		
86-0134082	86-0134082 579 - xxxx - 6260 -				4/01/04	05	5/31/04	
9. RECIPIENT ORGANIZA		(a)		10. PAYEE (Where	check is to be sent is differen	ent than item	19)	
Name:	The Hopi Tr		1	Name:	The Hopi Tribe		8	
Number and Street:	P.O. Box 123	3		Number and Street:	P.O. Box 123			
City, State and ZIP Code:		i, Arizona 8603			k Kykotsmovi, Arizona			
11. 45 2. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.		THE RESIDENCE AND ADDRESS OF THE PARTY OF TH			BURSEMENTS / ADVANCE		STED 4	
PROGRAMS/FUNCTION		(a)		(b)	(c)		OTAL	
a. Total program outlays				1				
to date	5/31/2004	\$ 299,8	397.77			\$	299,897.77	
b. Less: Cumulative program	income						:	
c. Net program outlays (line a	minus line b)	\$ 299,8	397.77		-	\$	299,897.77	
d. Estm net cash outlays for a	dvance period		-			- 1		
e. Total (Sum of lines c & d)		\$ 299,89	397.77			\$	299,897.77	
f. Non-Federal Share of amou	nt on line e							
g. Federal share of amount on	rline e		397.77			\$	299,897.77	
h. Federal payments previous	ly requested	\$ 283,19	198.15			\$	283,198.15	
I. Federal share now requeste	d (Line g minus li	\$ 16,69	599.62			\$	(16,699.62	
j. Advances required by month when requested by Federal	1st month					0	K to pay	
grantor agency for use in	2ne month					7	2) - 1 - 1	
prescheduled advances.	3rd month					/	7/7/09	
12:					ION FOR ADVANCES ON	LY		
a. Estimated Federal Cash out				A. N. 18. (19. 19. 19. 19. 19. 19. 19. 19. 19. 19.				
b. Less: Estimated balance ofc. Amount requested (Line a m		hand as of beginning	ng of auv	rance period	*.			
C. Amount requested (Elile C.)	Illius iiiie o _j	TO THE PARTY OF TH				and a service of the sea		
13.				CERTIFICATI				
			AUTHOR	RIZED CERTIFYING OFF	FICIAL	DATE REQUI	EST SUBMITTED	
I certify that to the best of my k data above are correct and tha	N		. *	1. 1-A-X	n	, ;	1	
in accordance with the grant co	onditions or other	agree-	uf De	of Theam	af !	do-21.0	14	
ment and that payment is due	and has not beer	TYPE OR PRINTE			/	TELEPHONE	NUMBER	
previously requested.		Winifred Secal		Serawop		(920) 734-3	3301	
		Finance Direct	tor		loses (up heat / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
This space for agency use					Sueste Voud Remor & W. Lause Viger	2		
					L n 1 2004			
				GI	MO, PMD-7		# *** **	

Report Date: 06/18/04
Run Date...: 06/18/04 12:11
G/L Tr Salance - Detail in the Order of FUND
For All Acounts From 579 4000 6260 To 579 | | | 6260
Beginning of: April 1, 2004 (07-04) Thru Ending of: May 31, 2004

Page.: 1 ID # GLTB CTL.: 579

Beginning of	f.: April 1, 2004 (07-04) Thru Ending of.: May 31, 2004 (08-04)	
G/L Account No Ctr Cal. Fiscl Date Jrnl Line De		Debit	Credit
579 4005 6260 EF	PA MOEN DRINKG OVERTIME PAY OFP USE ONLY		
Ва	alance April 1, 2004 (07-04)	.00	
N. JO	O01 TRANSFER OT WAGES TO CORRECT ACCT. PER MEMO FROM .NUTONGLA OF WRP DATED 4/6/04. DELYNN ROBERSON; PP#2(12/28/03-1/10/04);\$194.96 R:542-4005-6260-42J	194.96	
HOP Apr 2004 07-2004 04/27/04 79-03 00 N. PE	003 TRANSFER OT WAGES TO CORRECT ACCT. PER MEMO FROM .NUTONGLA OF WRP DATED 4/6/04. ERRY HOMANI;PP#3=\$303.35;PP#4=\$925.07;PP#5=\$75.83 R:102-4005-6265	1,304.25	
HOP Apr 2004 07-2004 04/27/04 79-03 00 N. YO \$4	005 TRANSFER OT WAGES TO CORRECT ACCT. PER MEMO FROM .NUTONGLA OF WRP DATED 4/6/04. DLANDA NASAFOTIE;PP#3=\$614.79;PP#4=\$1136.43;PP#5= 419.18. R:102-4005-6265	2,170.40	
	Total for Apr 2004>	3,669.61	.00
	Activity>	3,669.61	.00
Ba	alance May 31, 2004 (08-04)	3,669.61	
E70 EE00 (200	23 MORN DRIVING OURTER CURRY TRO OTH TOTAL CURRY		
	PA MOEN DRINKG OFFICE SUPPLIES OFF USE ONLY		
Ва	alance April 1, 2004 (07-04)	676.59	
	Activity>	.00	.00
Ba	alance May 31, 2004 (08-04)	676.59	
	PA MOEN DRINKG PRINTING/BIND. OFP USE ONLY		
Ba.	alance April 1, 2004 (07-04)	1,545.60	
	Activity>		
Bai	alance May 31, 2004 (08-04)	1,545.60	
			• • • • • • • • • • • • •
579 5550 6260 EP	PA MOEN DRINKG GEN OPER SUPPLS OFF USE ONLY		
Ba	lance April 1, 2004 (07-04)	86.00	
Ba	Activity>	86.00	
579 5600 6260 EPA	A MOEN DRINKG GAS, OIL & LUBE OFP USE ONLY		
Ba	lance April 1, 2004 (07-04)	2,968.83	
Inv	13 To expense Shell Credit Card gas charges R#182773 v#8000190721312, Acct#80-001-9072-1 1 102-1252-0010	80.01	
	Total for Apr 2004>	80.01	.00
	Activity>	80.01	.00
Bal	lance May 31, 2004 (08-04)	3,048.84	

Repo	ort	Date	:	06/18/04	
Dun	Dat	6		06/18/04 12:11	

MOEN DRINKING WATER INFRA

Page.: 2 ID # GLTB CTL.: 579

G/L Account No Ctr Cal. Fiscl Date Jrnl Line Description Debit Credit 579 6700 6260 EPA MOEN DRINKG CONSULTING SERV OFP USE ONLY Balance April 1, 2004 (07-04) 277,921.13 HOP Apr 2004 07-2004 04/01/04 04-00 0060 Vendor ARIO7 Invoice 03HOPI029 pA300011 11,400.00 PO #A30001106 THE GEOMOETER, INC bda Total for Apr 2004 ----> 11,400.00 1,550.00 HOP May 2004 08-2004 05/17/04 04-10 0111 Vendor ETD00 Invoice 5/7/04 pA400011 PO #A40001108 ETD, INC CONSULTING AND Total for May 2004 ---> 1,550.00 12,950.00 Activity ----> .00 Balance May 31, 2004 (08-04) 290,871.13 Total for FUND 579 ----> 299,897.77 .00 Total Detail Activity for FUND 579 ----> 16,699.62 .00 REPORT TOTAL ---> 299,897.77 .00 REPORT TOTAL for Detail Activity ----> 16,699.62



Financial Data Warehouse Document Review

Document Summary:

General Ledger Entries

Doc Type: GO Doc No: FS98969501 Order Date: 09/28/00 Effective Date: 10/01/00

Closed Date:

Servicing Finance Office: AP09 Order Amount: \$1,259,000.00 Paid Amount: \$283,198.15 Available Amount: \$975,801.85 Vendor: THE HOPI TRIBE

Document Details:

le: Expand

Line#	Line Amt	Paid Amt	Available Amt	BFY	Fund	Org	Program	Job	BOC	CostOrg	Comments
001	\$42,000.00	\$42,000.00	\$0.00	2000	E3C	09LA09K	20101B	99DB	4109		0009W6E043
002	\$1,217,000.00	\$241,198.15	\$975,801.85	2001	E3C	09LA09K	20101B	00DB	4109		0109W6E040

Document Activity:

Date	Ref Amount	Related Document	Direction	Date	Ref Amount	Related Document	Date	Ref Amount	Related Documen
05/28/04	\$242,219.58	GP A4001153734	Forward		7 12 7				
05/28/04	\$6,023.65	GP A4001153741	Forward						
09/21/01	\$1,217,000.00	RQ 0109W6E040	Back						
06/18/01	\$8,052.40	GP A1001846901	Forward						
06/18/01	\$26,902.52	GP A1001846918	Forward				- 1		
09/28/00	\$42,000.00	RQ 0009W6E043	Back						

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http://oasint.rtpnc.epa.gov/pls/neis/grant_web.grant_result
This web page was last updated on 03/22/2003.
This data was last updated on 07/07/2004 16:06
This page coordinated by: Natasha McCann

			Approved by Office of N	lanagement and	PAGE OF
REQUEST	FOR AD\	The state of the s	Budget, No. 80-R0183		1 1
OR REIM	IBURSEN	IENT	1. TYPE OF PAYMENT	a. "X" one, or both boxes () ADVANCE (X) REIMBURSEMENT	REQUEST
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10	t tions on book		hEQUESTED	b. "X" the applicable box	1
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3. FEDERAL SPONSORING AG	GENCY AND OR	GANIZATIONAL		OR OTHER IDENTIFYING	5. PARTIAL PMT REQUEST NO. FOR THIS REQUEST
ELEMENT TO WHICH THIS F	REPORT IS SUBI	MITTED		BY FEDERAL AGENCY	#04 /
EPA, Region 9, Grants M	lanagement, S	Sec. PMD-7	FS - 9	98969501 - 0	""
75 Hawthorne Street, San	n Francisco, C	CA 94105		PERIOD COVERED	BY THIS REQUEST
6. EMPLOYER IDENTIFICATI	7. RECIPIENT'S	ACCOUNT NUMBER	8. FROM (month, day, ye		TO (month, day, year):
NUMBER	OR IDENTIFY			01/01/04	03/31/04
86-0134082		xx - 6260 - 579		check is to be sent is diffe	
9. RECIPIENT ORGANIZA		1		The Hopi Tribe	terrorena in terrorena de la companya del companya del companya de la companya de
14411101	The Hopi Tri	be	Name: Number and Street:	P.O. Box 123	
Hautiber and officer.	P.O. Box 123			de Kykotsmovi, Arizona	a 86039
0.1.), 0.1.1.1		Arizona 86039	City, State and ZIP Co	IRURSEMENTS / ADVAN	CES REQUESTED
11.	- I		FAMOUNT OF HEIN	(c)	TOTAL
PROGRAMS/FUNCTIONS	S/ACTIVITIES	(a)	()		
a. Total program outlays	(As of date)	\$ 283,198.15			\$ 283,198.15
to date	3/31/2004	\$ 283,198.15			
b. Less: Cumulative program i	ncome				\$ 283,198.15
c. Net program outlays (line a r	minus line b)	\$ 283,198.15			\$ 283,198.15
d. Estm net cash outlays for ac		* 55			
e. Total (Sum of lines c & d)		\$ 283,198.15			\$ 283,198.15
	et on line o			5	
f. Non-Federal Share of amour		\$ 283,198.15			\$ 283,198.15
g. Federal share of amount on					\$ 40,978.57
h. Federal payments previousl	y requested	\$ 40,978.57			\$ 242,219.58
I. Federal share now requeste	d (Line g minus li	\$ 242,219.58	3	-	
j. Advances required by month	1st month	9			OK to pe
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grantor agency for use in prescheduled advances.	Zife moriti				5/27/04
· ·	3rd month	at results are supplied to the Color of the		ATION FOR ADVANCES	ONLY
12. a. Estimated Federal Cash ou	tlave that will be	made during period cove	red by this advance	72-115-1-2-1-2-1-2-2-2-2-2-2-2-2-2-2-2-2-	
b. Less: Estimated balance of	Federal cash on	hand as of beginning of	advance period		
c. Amount requested (Line a r	minus line b)		and the second and th		
	· · · · · · · · · · · · · · · · · · ·		CERTIFIC	ATION	
13.		SIGNATURE OF AUTH			DATE REQUEST SUBMITTED
I certify that to the best of my	knowledge and b	elief the	1	h	
data above are correct and th	at all outlays wer	e made ////////////////////////////////////	ed Heren	af	05.17.04
in accordance with the grant of ment and that payment is due	anditions or othe	r agree- //	AME AND TITLE	/	TELEPHONE NUMBER
	anu nas not bee	Winifred Secakuk	u-Serawop		(920) 734-3301
previously requested.		Finance Director		RECEIVED	
This space for agency use	. n 1			I have been been to be been broad	26.3
∧ N	Wold	receipt hade in	P	MAY 2 4 2004	.57
011	pinding	of phocs.		GMO, PMD-	7

928 734 3317

2.0

REPORT.: 05/14/04 RUN...: 05/14/04 TIME: 10:47 MOEN DRINKING WATER INFRA
Status Report with Encumbrance by FUND
for Lendar Period: 03-04 Fiscal Period: 06~

PAGE: C01
Ccpy 1 of 2 ID #: GLIS
CTL.: 579

FUND #: 579

Name: EFA MOEN DRINKG

Percent of Year Remaining: 50%

Exper	se Description C	urrent Month	Year to Date Actual	<*> Annual Encumbrance	Annual Actual+Encum.	Annual Budget	Remaining Budget	Rema
4005	6260 OVERTIME PAY OFP USE ONLY	0.00	0.00	0.00	0.00	21898.00	21898.00	100
5100	6260 TRAVEL -ROUTINE OFP USE ONLY	0.00	0.00	0.00	0.00	8000.00	9000.00	
5250	6260 SEMIN/TRAIN FEE OFP USE ONLY	0.00	0.00	0.00	0.00	6000.00	6000.00	
5500	6260 OFFICE SUPPLIES OFP USE ONLY	0.00	676.59	0.00	676.59	6120.00	5443.41	
5510	6260 POSTAGE OFP USE ONLY	0.00	0.00	0.00	0.00	2000.00	2000.00	
5520	6260 Printing + Binding. 6260 - General, operating supplies - Fidd Egr	0.00	1545.60	0.00	1545.60	3000.00	1454.40	
5550	6260 - General, uponating Supplies - Fide Egy	0.00	86.00	200.00	286.00	00.7	-286.00	
5600	6260 - GCO/OII.	0.00	2968.83	0.00	2968.83	4000.00	1031.17	26
6700	6260 - Consulting.	240116.13	277921.13	6115875.66	6393796.79	1207982.00	-5185814.79	
	Total Expense>	240116.13	283198.15	6116075.66	6399273.81	1259000.00	-5140273.81	-408
<->	FUND TOTAL	-240116.13	-233198.15	-6116075.66	-6399273.81	-1259000.00	5140273.81	-408

0.0

0 . ::

<*> Annual Encumbrance figures Show This Periods Snapshot
<+> FUND Total = Total of Revenues - Total of Expenses

#1-04

323 - 67+

#2.04

1,779.78+

#3-04

240:115:13+

242:219:58:

0 • *

Finance Dept

928 734 3317

REPORT:: 05/14/04 RUN...: 05/14/04 TIME: 10:46

MOEN DRINKING WATER INFRA
Status Report with Encumbrance by FUND
for Llendar Period.: 02-04 Fiscal Period.: 05

PAGE: 001 ID #: GLIS CTL.: 579 Copy 1 of 2

FUND #: 579

Name: EPA MOEN DRINKS

Percent of Year Remaining: 58%

Expe	nse Description	Current Month	Year to Date Actual	Annual Encumbrance	Annual Actual+Encum.	Annual Budget	Remaining Budget	Rem%
4005	6260 OVERTIME PAY OFP USE ONLY	0.00	0.00	C.00	0.00		21898.00	
5100	6260 TRAVEL -ROUTINE OFF USE ONLY	0.00	0.00	0.00	0.00	00.000	BC00.00	
5250	6260 SEMIN/TRAIN FEE OFP USE ONLY	0.00	0.00	0.00	0.00	6000.00	6000.00	100
5500	6260 OFFICE SUPPLIES OFF USE ONLY	0.00	676.59	0.00	676.59	6120.00	5443.41	89
5510	6260 POSTAGE OFP USE ONLY	0.00	0.00	0.00	0.00	2000.00	2000.00	100
5520	6260	0.00	1545.60	0.00	1545.60	3000.00	2454.40	48
5550	6260	0.00	86.00	200.00	286.00	0.00	-286.0C	999
5600	6260	778.78	2968.83	0.00	2968.83	4000.00	1031.17	26
6700	6260	1001.00	37805.00	10175300.66	10213105.66	1207982.00	-9005123.66	-745
	Total Expense>	1779.78	43092.02	10175500.66	10218582.68	1259000.00	-8959582.68	-712
<+>	FUND TOTAL	-1779.78	-43082.02	-10175500.66	-10218582.68	-1259000.00	8959582.68	-712
			####E3====		*********	MEEEE SBREENGUE	=========	====

<*> Annual Encumbrance figures Show This Periods Snapshot
<+> FUND Total = Total of Revenues - Total of Expenses

REPORT:: 05/14/04 RUN...: 05/14/04 TIME: 10:46

MOEN DRINKING WATER INFRA
Status Report with Encumbrance by FUND
for wilendar Period.: 01-04 Fiscal Period.: 04

PAGE: 001 ID #: GLIS CTL.: 579 Copy 1 of 2

FUND #: 579

Name: EPA MOEN DRINKG

Percent of Year Remaining: 67%

Expense Description	Current Month	Year to Date Actual	<pre><*> Annual Encumbrance</pre>	Annual Actual+Encum.	Annual Budget	Remaining Budget	Rem
OCS 6260 OVERTIME PAY OFP USE ONLY	0.00	0.00	0.00	0.00	21899.00	21898.00	100
100 6260 TRAVEL -ROUTINE OFP USE ONLY	0.00	0.00	0.00	0.00	ECOC.00	8000.00	10
250 6260 SEMIN/TRAIN FEE OFP USE ONLY	0.00	0.00	0.00	0.00	6030.00	6000.00	10:
500 6260 OFFICE SUPPLIES OFP USE ONLY	0.00	676.59	0.00	676.59	6120.00	5443.41	8
510 6260 POSTAGE OFP USE ONLY	0.00	0.00	0.00	0.00	2000.00	2000.00	100
520 6260	0.00	1545.60	0.00	1545.60	3000.00	1454.40	4.8
550 6260	0.00	86.00	0.00	86.00	0.00	-86.00	-999
600 6260	323.67	2190.05	500.00	2690.05	4000.00	1309.95	3:
700 6260	0.00	36804.00	10176301.66	10213105.66	1207982.00	-9005123.66	-745
Total Expense>	323.67	41302.24	10176801.66	10218103.90	1259000.00	-8959103.90	-717
+> FUND TOTAL	-323.67	-41302.24	-10176801.66	-10218103.90	-1259000.00	8959103.90	-712

<-> Annual Encumbrance figures Show This Periods Snapshot
<+> FUND Total = Total of Revenues - Total of Expenses

Total for FUND 579 ---->

REPORT TOTAL for Detail Activity ----> 242,219.58

Total Detail Activity for FUND 579 --->

283, 198, 15

242,219.58

REPORT TOTAL ---> 283,198.15

.00

.00

========

Page.; 2 ID # GLTB Report Date: 05/21/04 MOEN DRINKING WATER INFRA Report Date: 03/21/04 Run Date...: 05/21/04 15:13 G/L Trial Balance - Detail in the Order of FUND For All Accounts From 579 4005 6260 To 579 6700 6260 CTL.: 579 Beginning of.: January 1, 2004 (04-04) Thru Ending of.: March 31, 2004 (06-04) Ctr Cal. Fisci Date Jrnl Line Description Credit Debit EPA MOEN DRINKG GAS, OIL & LUBE OFP USE ONLY (Continues..) 579 5600 6260 HOP Feb 2004 05-2004 02/03/04 04-01 0147 Vendor VIL01 Invoice *9203 pA300031 34.00 AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE HOP Feb 2004 05-2004 02/03/04 04-01 0148 Vendor VIL01 Invoice 9086* pA300031 AC#288 FO #A30003101 KYKOTSMOVI VILLAGE STORE 28.00 HOP Feb 2004 05-2004 02/20/04 66-00 0013 Expense Chevron gas credit card charges, card#4,5 cr 102-1252-0005 406.48 HOP Feb 2004 05-2004 03/02/04 66-00 0019 Expense Chevron gas charges pd by R#173376 Invoice #7973508729402, Acct#797-350-872-9 CR 102-1252-0005 203.00 Activity ----> 1,102.45 - 00 2,968.83 Balance March 31, 2004 (D6-04) EPA MOEN DRINKG CONSULTING SERV OFP USE ONLY 579 6700 6260 Balance January 1, 2004 (04-04) 36,804.00 HOP Feb 2004 05-2004 02/20/04 04-14 0123 Vendor ARIO7 Invoice 03HOPIO28 pA3C0011 1.001.00 PO #A30001106 THE GEOMOETER, INC bda HOP Mar 2004 D6-2004 03/08/04 04-05 0222 Vendor BOB02 Invoice 2404220 31,525.00 DA300029 PO #A30002961 BOB BEEMAN DRILLING CO. 157.63 HOP Mar 2004 06-2004 03/08/04 04-05 0223 Vendor BOB02 Invoice 2404220* DP OVG PO#A3-2961 BOB BEEMAN DRILLING CO. HOP Mar 2004 06-2004 03/16/04 04-11 0206 Vendor B0302 Invoice 1408210 pA300029 160,050.00 PO #A30002961 BOB BEEMAN DRILLING CO. HOP Mar 2004 06-2004 03/16/04 04-11 0207 Vendor BOB02 Invoice 1408210* DP OVG PO#A3-2961 48,383,50 BOB BEEMAN DRILLING CO. 241,117.13 Activity ----> Balance March 31, 2004 (06-04) 277.921.13

ID # GLTB

Page.:

Report Date: 05/21/04 Run Date...: 05/21/04 15:13 MOEN DRINKING WATER INFRA

G/L Trial Balance - Detail in the Order of FUND
For All Accounts From 579 4005 6260 To 579 6700 6260
Beginning of.: January 1, 2004 (04-04) Thru Ending of.: March 31, 2004 (05-04)

G/L Account No Date Jrnl Line Description Ctr Cal. Fiscl Debit Credit

579 4005 6260 EFA MOEN DRINKG OVERTIME PAY OFP USE ONLY Balance January 1, 2004 (04-04)

Activity ----> .00

Balance March 31, 2004 (06-04) .00

579 5500 6260 EPA MOEN DRINKG OFFICE SUPPLIES OFF USE ONLY

676.59 Balance January 1, 2004 (04-04)

Activity ----> .00 .0 676.59

Balance March 31, 2004 (06-04)

579 5520 6260 EPA MOEN DRINKG PRINTING/BIND. OFP USE ONLY

> Balance January 1, 2004 (04-04) 1,545.60

Activity ----> .00

Balance March 31, 2004 (06-04) 1,545.60

579 5550 6260 EPA MOEN DRINKG GEN OPER SUPPLS OFP USE ONLY

Balance January 1, 2004 (04-04)

86.00

Activity ----> .00 Balance March 31, 2004 (06-04) 86.00

579 5600 6260 EPA MOEN DRINKG GAS, OIL & LUBE OFP USE ONLY

Balance January 1, 2004 (04-04) 1.866.39 HOP Jan 2004 04-2004 01/16/04 04-06 0102 Vendor VIL01 Invoice 1160 pA300031 33.00

AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE HOP Jan 2004 04-2004 01/16/04 C4-06 0103 Vendor VIL01 In AC#288 PO #A30003101 pA300031 Invoice 2478 24.00 KYKOTSMOVI VILLAGE STORE

EOP Jan 2004 04-2004 01/16/04 04-06 0104 Vendor VILO1 Invoice AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE Invoice 3011 PA300031 41.00 01/16/04 04-06 0105 Vendor VIL01 Invoice AC#298 PD #A30003101 KYKOTSMOVI VILLAGE STORE HOP Jan 2004 04-2004 7728 pA300031 34.01

HOP Jan 2004 04-2004 01/16/04 04-06 0106 Vendor VILC1 Invoice *0671 pA300031 30.00 AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE 01/16/04 04-06 0107 Vendor VIL01 Invoice AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE HOP Jan 2004 04-2004 *1015 pA300031 31.00

01/16/04 04-06 0108 Vendor VIL01 Invoice AC#208 PO #A30003101 KYKOTSMOVI VILLAGE STORE HOP Jan 2004 04-2004 **+2487** pA300031 27.50 HOP Jar. 2004 04-2004 01/16/04 04-06 0109 Vendor VIL01 In AC#288 PO #A30003101 Invoice +4537 pA300031 27.00

KYKOTSMOVI VILLAGE STORE 01/16/04 04-06 0:10 Vendor VIL01 Invoice AC#407 PO #A3000310: HOP Jan 2004 04-2004 4561* PA300031 34.16 KYKOTSMOVI VILLAGE STORE HOP Jan 2004 04-2004 01/16/04 04-06 0111 Vendor VILO1 Invoice AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE 5433* pA300031 10.00

HOP Jan 2004 04-2004 01/16/04 04-06 0112 Vendor VIL01 Invoice AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE 6788* PA300031 32.00 29.00

HOP Feb 2004 05-2004 02/03/04 04-01 0144 Vendor VIL01 Invoice AC#288 PO #A30003101 7369 PA300031 KYKOTSMOVI VILLAGE STORE 8400 pA300031 33.30

HOP Feb 2004 05-2004 02/03/04 04-01 0145 Vendor VILO1 Invoice AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE +0018 pA300031 45.00

HOP Feb 2004 05-2004 02/03/04 04-01 0146 Vendor VIL01 Invoice AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE

			1 - 2	PAGE	OF
REQUEST FOR A	NDVANCE	Approved by Office of I Budget, No. 80-R0183	Management and	1	1
REQUEST FOR A	ADVANOL		a. "X" one, or both boxes	2. BASIS OF REQUEST	1
OR REIMBURS	SEMENT	1. TYPE OF PAYMENT) ADVANCE X) REIMBURSEMENT		
		REQUESTED		() CASH	1
(See instructions or	n back)		b. "X" the applicable box) FINAL (X) PARTIAL	(X) ACCRUAL	T DEOLIEST
B. FEDERAL SPONSORING AGENCY AN	D ORGANIZATIONAL	4. FEDERAL GRANT	OR OTHER IDENTIFYING	5. PARTIAL PM NO. FOR THI	
ELEMENT TO WHICH THIS REPORT IS	SUBMITTED		D BY FEDERAL AGENCY	REVISI	
PA Region 9, Grants Managem	ent, Sec. PMD-7	FS -	98969501 - 0	100	
75 Hawthorne Street, San Francis	co, CA 94105		PERIOD COVERED	BY THIS REQUE!	ST
MPLOYER IDENTIFICATION, RECIPIE	NT'S ACCOUNT NUMBER	8. FROM (month, day,)		TO (month, day	y, year):
NUMBER OR IDEN	TIFYING NOWIDER		06/01/01	12/3	1/03
00 010 1002	9 - xxxx - 6260 - 579	10 DAVEE (When	e check is to be sent is diffe	erent than item 9)
9. RECIPIENT ORGANIZATION	tor the	Name:	The Hopi Tribe		
Name: The Hop		Number and Street:	P.O. Box 123		
Number and Street: P.O. Box		a: 0. 1. and 710 C	od Kykotsmovi, Arizona	86039	
	novi, Arizona 86039	DE AMOUNT OF BEI	MBURSEMENTS / ADVAN	CES REQUEST	ED
11.		(b)	(c)	ТО	TAL
PROGRAMS/FUNCTIONS/ACTIVIT	oto)			2	10.050.55
a. Total program outlays (As of d	2003 \$ 40,978.5	7		\$	40,978.57
to date	2003 φ 10)> (10)				
b. Less: Cumulative program income	10.070.5	7		\$	40,978.57
c. Net program outlays (line a minus line	b) \$ 40,978.5	/			
d. Estm net cash outlays for advance per	iod			\$	40,978.57
e. Total (Sum of lines c & d)	\$ 40,978.5	57		+	
f. Non-Federal Share of amount on line e				- C	40,978.57
g. Federal share of amount on line e	\$ 40,978.5	57		\$	34,954.92
h. Federal payments previously requeste	d \$ 34,954.9	92		\$	
	1 000	65		\$	6,023.65
I. Federal share now requested (Line g n	III lus III ψ				54 6 00
j. Advances required by month 1st month when requested by Federal	1				E Stall
grantor agency for use in 2ne mont	h				5/22/04
prescheduled advances. 3rd monti	h			ONLY	3 6 //
3rd mont	Α	LTERNATE COMPO	TAMONTON ABVAICES	the of the library and the state of the stat	
a. Estimated Federal Cash outlays that to b. Less: Estimated balance of Federal cash outlays that to	ash on hand as of beginning o	of advance person			
c. Amount requested (Line a minus line	U)	CERTIF	ICATION		
13.	Town TUBE OF ALC	THORIZED CERTIFYIN		DATE REQU	JEST SUBMITTE
to the form to post odd		1 1	T.		,
I certify that to the best of my knowledge data above are correct and that all outla	lys were made	ind Attion	Sale	05.17	1.04
		NAME/AND TITLE		TELEPHON	E NUMBER
ment and that payment is due and has	Winifred Secakı	ıku-Serawop	·	(920) 734	-3301
previously requested.	Finance Director				
This areas for agonovine			RECEIVED	1-	
This space for agency use	pending back	W ws	MAY 2 4 2004	17	
yn room	cipt of doc	Win	GMO, PMD-7		

DEPARTMENT/PROGRAM: DNR-Water Res - Program

C/G Title: Drinking Water Infratructure Tribal Se. Le Program - Moccikopi .

AWARD: \$1,259,000.00

C/G PERIOD: October 01, 2000 - November 30, 2005

HOPI IDENTIFYING NUMBER: 579 - XXXX - 6260 - 579

C/G NO: FS - 98969801 - 0

Award + Amendme \$

1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		AMENDMENTS		Linguin	DRAWD	DWNS			PENDI	TURES	CASH
110000	1	Later a market and the second second	1,5 45								ON HANI
101.1711.201	AMEND.	MT 4		D/D		RCPT.	DATE OF	L-O-C	MONTH	AMOUNT	
DATE	NO.		AMOUNT	NO	AMOUNT	NO	RECEIPT	BALANCE	YEAR		
09/20/00	AWARD	DESCRIPTION OF	\$ 42,000.00	310	\$ -	7,2,0		5 42,000.00	Oct-00	s -	\$ -
02/27/01	#01	Extension to 08/31/01	42,000.00	_				42,000.00	Feb-01	-	-
02/2//01	#01	Extension to 06/31/01	 	<u> </u>	-			42,000.00	Mar-01	6,914.22	(6,914.2
	-		 	1	-			42,000.00	Apr-01	1,138.18	(8,052.4
	-			 	-			42,000.00	May-01	9,715.73	(17,768.1
09/19/01	#02	Increase Funding &	\$ 1,217,000.00	#01	8,052.40	89683	6/22/2001	1,250,947.60	Jun-01	-	(9.715.7
09/19/01	#02	Extension to 4/30/03	\$ 1,217,00mes					1,250,947.60	Oct-02	-	(9,715.7
		DATERSION to 4/20/03		#02	26.902.52	89684	6/22/2001	1,224,045.08	Nov-02	267.93	16,918.8
				1				1,224,045.08	Dec-02	570.35	16,348.5
			7.5	<u> </u>	-			1,224,045.08	Jan-03	-	16,348.5
			1		-			1,224,045.08	Feb-03		16,348.5
03/25/03	#03	Extension to 11/30/05	 		-			1,224,045.08	Mar-03	47.44	16,301.0
113123103	11.00				-			1,224,045.08	Apr-03	47.43	16,253.6
			1	1-				1,224,045.08	May-03	190.37	16,063.2
	-				-			1,224,045.08	Jun-03	83.81	15,979.4
				_	-			1,224,045.08	Jul-03	4,220.95	11,758.5
					-			1,224,045.08	Aug-03	-	11,758.5
	·				-			1,224,045.08	Sep-03	10,679.06	1,079.4
								1.224,045.08	Oct-03	776.66	302.7
					-			1,224,045.08	Nov-03	3,980.33	(3,677.5
					-			1,224,045.08	Dec-03	2,346.11	(6,023.6
								1,224,045.08	Jan-04		(6,023.6
				-	-			1,224,045.08	Feb-04	-	(6,023.6
				-	-			1,224,045.08	Mar-04	-	(6,023.6
					-			1,224,045.08	Apr-04	-	(6,023.6
					-			1,224,045.08	May-04	-	(6,023.6
					-			1,224,045.08	Jun-04		(6,023.6
					-			1,224,045.08	Jul-04	-	(6,023.6
								1,224,045.08	Aug-04	-	(6,023.6
					-			1,224,045.08	Sep-04	-	(6,023.6
					-			1,224.045.08	Oct-04	-	(6,023.63
								1,224,045.08	Nov-04		(6,023.6
			· ·		-			1,224,045.08	Dec-04	-	(6,023.6
					-			1,224,045.08	Jan-05	-	(6,023.6
*			*			1		1,224,045.08	Feb-05		(6,023.6
		ş)						1,224,045.08	Mar-05	-	(6.023.63
					-			1.224,045.08	Apr-05	-	(6,023.65
	l				-			1,224,045.08	May-05	-	(6,023.65
					-			1,224,045.08	Jun-05		(6,023.65
					-			1,224,045.08	Jul-05	-	(6,023.65
					-		1	1,224,045.08	Aug-05	-	(6,023.65
					-			1,224,045.08	Sep-05		(6,023.65
					-			1,224,045.08	Oct-05	-	(6,023.65
					-			1,224,045.08	Nov-05	-	(6,023.65
					-			1,224,045.08	Dec-05	-	(6,023.65
				1				1,224,045.08	Jan-06		(6,023.65
					-			1,224,045.08	Feb-06	-	(6,023.65
					-			1,224,045.08	Mar-06	-	(6,023.65
	-	TOTAL DRAWDOWNS REC	FIVED		\$ 34,954.92	1	1	TOTAL EXPENS		\$ 40,978.57	

Report Date: 05/21/04 Run Date...: 05/21/04 15:13 MOEN DRINKING WATER INFRA

15:13

G/L Trial Balance - Detail in the Order of FUND

For All Accounts From 579 4005 6260 To 579 6700 6260

Beginning of:: June 1, 2001 (09-01) Thru Ending of:: September 30, 2001 (12-01) Page:: 1 ID # GLTB CTL:: 579 G/L Account No Ctr Cal. Fiscl Date Jrnl Line Description Credit 579 5500 6260 EPA MOEN DRINKG OFFICE SUPPLIES OFP USE ONLY Balance June 1, 2001 (09-01) 676.59 . Activity ---> Balance September 30, 2001 (12-01) 676.59 579 6700 6260 EPA MOEN DRINKG CONSULTING SERV OFP USE ONLY Balance June 1, 2001 (09-01) 17,091.54 Activity ----> Balance September 30, 2001 (12-01) 17,091.54 Total for FUND 5/9 ----> .00

REPORT TOTAL ----> 17,768.13 17,768.13 -00 REPORT TOTAL for Detail Activity ----> .00 .CO

MOEN DRINKING WATER INFRA Page.: 1 ID # GLTB CTL.: 579 Report Date: 05/21/04 4 15:13 G/L Trial Balance - Detail in the Order of FUND
For All Accounts From 579 4005 6260 To 579 6700 6260
Beginning of.: October 1, 2001 (01-02) Thru Ending of.: September 30, 2002 (12-02) Run Date...: 05/21/04 15:13 G/L Account No G/L Account No Credit Debit EPA MOEN DRINKG OFFICE SUPPLIES OFP USE ONLY 579 5500 6260 Balance October 1, 2001 (01-02) 676.59 Activity ----> Balance September 30, 2002 (12-02) 676.59 SPA MOEN DRINKG CONSULTING SERV OFF USE ONLY 579 6700 6260 17,091.54 Balance October 1, 2001 (01-02) Balance September 30, 2002 (12-02) Total for FUND 579 ---> 17,768.13 Total Detail Activity for FUND 579 ---> .00 .00 REPORT TOTAL ----> 17,768.13 REPORT TOTAL for Detail Activity ----> .00 .00

Report Date: 05/21/04 Run Date...: 05/21/04 15:13

MOEN DRINKING WATER INFRA

Pace.: 1 ID # GLTB CTL.: 579 15:13 G/L Trial Balance - Detail in the Order of FUND
For All Accounts From 579 4005 6260 To 579 6700 6260
Beginning of: October 1, 2002 (01-03) Thru Ending of: September 30, 2003 (12-03)

G/L Account No Cal. Fisch Date Jrnl Line Description Ctr Deb! r Credit 579 5500 6260 EPA MOEN DRINKG OFFICE SUPPLIES OFF USE ONLY Balance October 1, 2002 (01-03) 676.59 Activity ----> .00 Balance September 30, 2003 (12-03) 676.59 579 5520 6260 EPA MOEN DRINKG PRINTING/BIND. OFP USE ONLY .00 Balance October 1, 2002 (01-03) HOP Nov 2002 02-2003 11/12/02 04-07 0119 Vendor PIP01 Invoice 1 INV#75227(2),75371(3),75568(2) 165212 PIP PRINTING
HOP Dec 2002 03-2003 12/10/02 04-06 0069 Vendor PIP01 Invoice 76758 pA200026 500.00 PO #A20002678
PIP PRINTING
HOP Dec 2002 03-2003 12/10/02 04-06 0070 Vendor PIP01 Invoice 76758+ 70.35 RQ#167360 DP OVG PO#A2-2678 PIP PRINTING
HOP Mar 2003 06-2003 03/28/03 04-20 0237 Vendor PIP01 Invoice 78067 PA300005 20.53 PO #A30000551 FO #AD5050511 FIVE STAR PRINTING HOP Mar 2003 06-2003 03/28/03 04-20 0238 Vendor PIP01 Invoice 78102(2) pA300005 26.91 PO #A30000551 FIVE STAR PRINTING HOP Apr 2003 07-2003 04/15/03 04-10 0074 Vendor PIP01 Invoice 78274 DA300005 47.43 PO #A30000551 FIVE STAR PRINTING HOP May 2003 08-2003 05/15/03 04-10 0215 Vendor PIP01 Invoice 78612 pA300005 190.37 PO #A30000551 FIVE STAR PRINTING HOP Jun 2003 09-2003 06/25/03 04-17 0108 Vendor PIP01 Invoice 79111 pA300012 83.81 PO #A30001209 FIVE STAR PRINTING HOP Jul 2003 10-2003 07/03/03 04-02 0174 Vendor PIF01 Invoice 79176 pA300012 302.03 PO #A30001209 FIVE STAR PRINTING HOP Jul 2003 10-2003 07/03/03 04-02 0175 Vendor PIPOl Invoice 79253 pA300012 36.24 PO #A30001209 FIVE STAR PRINTING Activity ----> 1,545.60 Balance September 30, 2003 (12-03) 1,545.60 579 6700 6260 EPA MOEN DRINKG CONSULTING SERV OFF USE ONLY Balance October 1, 2002 (01-03) 17,091.54 HOP Jul 2003 10-2003 07/10/03 04-06 0132 Vendor ARIO7 Invoice 03H0PI021 pA300011 2.869 39 PO #A30001106 THE GEOMOETER, INC bda HOP Jul 2003 10-2003 07/24/03 04-17 0119 Vendor ARIO7 Invoice 03H0PI022 PA300011 1.013.29 PO #A30001106 THE GEOMOETER, INC bda HOP Sep 2003 12-2003 09/24/03 04-17 0111 Vendor ARIO7 Invoice 03HOPI02 PO #ARRO001106 pA300011 10.679.06 THE GEOMOETER, INC bda Activity ---> 14,561.74 Balance September 30, 2003 (12-03) .31.653.2H Total for FUND 579 ---> 33,875.47 .00 Total Detail Activity for FUND 579 ----> 16,107,34 .00 REPORT TOTAL ---> 33,875.47 .00 REPORT TOTAL for Detail Activity ----> 16,107.34 .00

Page.:

841.88

Report Date: 05/21/04 Run Date...: 05/21/04 15:13 MOEN DRINKING WATER INFRA

15:13 G/L Trial Balance - Detail in the Order of FUND
For All Accounts From 579 4005 6260 To 579 6700 6260
Beginning of: October 1, 2003 (01-04) Thru Ending of: December 31, 2003 (03-04) ID # GLTB Cal. Fiscl Date Jrnl Line Description Debit 579 4005 6260 EPA MOEN DRINKG OVERTIME PAY OFP USE ONLY Balance October 1, 2003 (01-04) .00 Activity ----> .00 .00 Balance December 31, 2003 (03-04) 579 5500 6260 EPA MOEN DRINKG OFFICE SUPPLIES OFF USE ONLY Balance Cctober 1, 2003 (01-04) 676.59 Activity ---Balance December 31, 2003 (03-04) 676.59 579 5520 6260 EPA MOEN DRINKG PRINTING/BIND, OFP USE ONLY Balance October 1, 2003 (01-04) 1,545.60 .00. 00. Balance December 31, 2003 (03-04) 1,545,60 EPA MOEN DRINKG GEN OPER SUPPLS OFF USE ONLY Balance October 1, 2003 (01-04) .00 HOP Nov 2003 02-2004 11/26/03 66-C2 0001 Expense for survey to generate legal descriptions for 2 well sites in Moencopi, Reg#171263 cr 127-3890 Land Ops 96.00 36.00 Activity ---> Balance December 31, 2003 (03-04) 86.00 579 5600 6260 EPA MOEN DRINKG GAS, OIL & LUBE OFP USE ONLY Balance October 1, 2003 (01-04) HO? Oct 2003 01-2004 10/07/03 04-04 0145 Vendor VIL01 Invoice 0124 pA3C0024 38.00 AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE 0146 Vendor VIL01 Invoice HOP Oct 2003 01-2004 10/07/03 04-04 0146 Vendor VIL01 9753 PA300024 24.00 AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE HOP Oct 2003 01-2004 10/28/03 04-19 0163 Vendor VIL01 Invoice 1246 PA300024 30.00 AC#287 PO #A30002465 KYKOTSMOVI VILLAGE STORE HOP Oct 2003 01-2004 10/28/03 04-19 0164 Vendor VIL01 Invoice 2685 PA300024 7.26 AC#407 PO #A30002465 KYKOTSMOVI VILLAGE STORE HOP Oct 2003 01-2004 10/28/03 04-19 0165 Vendor VIL01 Invoice 3619 pA300024 35.CO AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE 0166 Vendor VIL01 Invoice HOP Oct 2003 01-2004 10/28/03 04-19 0166 Vendor VIL01 6071 pA300024 33.00 AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE HOP Oct 2003 01-2004 10/28/03 04-19 0167 Vendor VIL01 Invoice *2692 pA300024 35.00 AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE 0168 Vendor VILU1 11.52 AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE HOP Oct 2003 01-2004 10/28/03 04-19 0168 Vendor VIL01 2120* PA300024 21.00 HOP Oct 2003 01-2004 10/28/03 04-19 0169 Vendor VIL01 2565* DA300024 50.00 AC#407 PO #A30002465 KYKOTSMOVI VILLAGE STORE HOP Oct 2003 01-2004 10/28/03 04-19 0170 Vendor VIL01 Invoice 2684* pA300024 52.00 AC#407 PO #A30002465 KYKOTSMOVI VILLAGE STORE 0171 Vendor VIL01 Invoice HOP Oct 2003 01-2004 10/28/03 04-19 0171 3173* pA300024 33.00 AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE HOP Oct 2003 01-2004 10/28/03 04-19 0172 Vendor VIL01 Invoice pA300024 4358+ 26.00 AC#407 PO #A30002465

AC#407 PO #A30002465

KYKOTSMOVI VILLAGE STORE

HOP Oct 2003 01-2004 10/30/03 93-02 0006 Expense Shell RQ#182755 Inv#8000190721310 392.40

AC#80-001-9072-1 BD 10/1/03 HOP Nov 2003 02-2004 11/24/03 93-00 0015 Expense Chevron RQ#182787 Inv#7973508729310

7,103.10

REPORT TOTAL for Detail Activity ---->

Report Date: 05/21/04 MOEN DRINKING WATER INFRA Report Date: 05/21/04 MOEN DRINKING WATER INFRA
Run Date...: 05/21/04 15:13 G/L Trial Balance - Detail in the Order of FUND
For All Accounts From 579 4005 6260 Deginning of: October 1, 2003 (01-04) Thru Ending of: December 31, 2003 (03-04) Page.: ID # GLTB CTL.: 579 G/L Account No Ctr Cal. Fiscl Date Jrnl Line Description Debit Credit 579 5600 6260 EPA MOEN DRINKG GAS, OIL & LUBE OFP USE ONLY (Continues..) AC#797-350-872-9 BD 10/17/03 HOP Dec 2003 03-2004 12/04/03 04-04 0102 Vendor VILO1 Invoice 405 AC#407 D/P OVG PO#A3-2465 R#171274 KYKOTSMOVI VILLAGE STORE 27.00 HOP Dec 2003 03-2004 12/04/03 04-04 0103 Vendor VIL01 Invoic AC#407 PO #A30002465 KYKOTSMOVI VILLAGE STORE 6878 Invoice pA300024 30.09 HOP Dec 2003 03-2004 12/04/03 04-04 0104 Vendor VIL01 Invoice pA300024 33.00 AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE HOP Dec 2003 03-2004 12/04/03 04-04 0105 Vendor VIL01 Invoice AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE Invoice PA300024 31.00 HOP Dec 2003 03-2004 12/04/03 04-04 0106 Vendor VIL01 Invoice *9510 pA300024 13.29 AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE HOP Dec 2003 03-2004 12/04/03 04-04 0107 Vendor VIL01 Invoic Invoice 39.39 AC#407 D/P OVG PO#A3-2465 R#171274

KYKOTSMOVI VILLAGE STORE

HOP Dec 2003 03-2004 12/04/03 04-04 0108 Vendor VIL01 Invoice 6558 35.00 AC#288 D/P OVG PO#A3-2465 R#171274 KYKOTSMOVI VILLAGE STORE 0109 Vendor VIL01 Invoice 7403* HOP Dec 2003 03-2004 12/04/03 04-04 0109 Vendor VIL01 7403+ pA300024 8.36 AC#407 PG #A30002465 KYKOTSMOVI VILLAGE STORE HOP Dec 2003 03-2004 12/04/03 04-04 0110 Vendor VIL01 Invoice 9769* 21.00 AC#288 D/P OVG PO#A3-2465 R#171274 KYKOTSMOVI VILLAGE STORE Invoice 9510** HOP Dec 2003 03-2004 12/04/03 04-04 0111 Vendor VIL01 9.71 AC#288 D/P OVG PO#A3-2465 R#171274
KYKOTSMOVI VILLAGE STORE Activity ----> .00 Balance December 31, 2003 (03-04) 1,866.38 579 6700 6260 EPA MOEN DRINKG CONSULTING SERV OFP USE ONLY Balance October 1, 2003 (01-04) 31.653.28 HOF Nov 2003 02-2004 11/20/03 04-12 0174 Vendor ARIG7 Invoice 03HOPI025 PA300011 HOP Nov 2003 02-2004 11/20/03 04-12 0174 Vendor ARIU/ INVOICE USHOFIUZD FO #A3C001106 THE GEOMOETER, INC bda
HOP Dec 2003 03-2004 12/10/03 04-08 0176 Vendor ARIO7 Invoice 03HOPI026 3,052.45 PA300011 757.77 PO #A30001106
THE GEOMOETER, INC bda HOP Dec 2003 03-2004 12/23/03 04-17 0242 Vendor ARIO7 Invoice 03HOPI027 PA300011 1,340.50 PO #A30001106 THE GEOMOETER, INC bda Activity ----> 5,150.72 Balance December 31, 2003 (03-04) 36,804.00 Total for FUND 579 ----> 40.978.57 Total Detail Activity for FUND 579 ---> 7,103.10 .00 REPORT TOTAL ---> 40,978.57 .00



Financial Data Warehouse **Document Review**

Document Summary:

General Ledger Entries

Doc Type: GO

Doc No: FS98969501 Order Date: 09/28/00 Effective Date: 10/01/00

Closed Date:

Servicing Finance Office: AP09 Order Amount: \$1,259,000.00 Paid Amount: \$34,954.92

Available Amount: \$1,224,045.08

Vendor: THE HOPI TRIBE

Document Details: Expand

Line#	Line Amt	Paid Amt	Available Amt	BFY	Fund	Org	Program	Job	BOC	Cost(
001	\$42,000.00	\$34,954.92	\$7,045.08	2000	E3C	09LA09K	20101B	99DB	4109	
002	\$1,217,000.00	\$0.00	\$1,217,000.00	2001	E3C	09LA09K	20101B	00DB	4109	

Document Activity:

Date	Ref Amount	Related Document	Direction	Date	Ref Amount	Related Document	Date
09/21/01	\$1,217,000.00	RQ 0109W6E040	Back			0	
06/18/01	\$8,052.40	GP A1001846901	Forward				
06/18/01	\$26,902.52	GP A1001846918	Forward				- 6
09/28/00	\$42,000.00	RQ 0009W6E043	Back				

Financial Data Warehouse Homepage EPA@Work Home | EPA Internet | Search | Comments

http://oasint.rtpnc.epa.gov/pls/neis/grant_web.grant_result This web page was last updated on 03/22/2003. This data was last updated on 05/20/2004 18:04 This page coordinated by: Natasha McCann



Financial Data Warehouse Document Review

Document Summary:

General Ledger Entries

Doc Type: GO

Doc No: FS98969501 **Order Date:** 09/28/00 **Effective Date:** 10/01/00

Closed Date:

Servicing Finance Office: AP09 Order Amount: \$1,259,000.00 Paid Amount: \$34,954.92

Available Amount: \$1,224,045.08 Vendor: THE HOPI TRIBE

Document Details:

Espaini

Line# Line Amt	Paid Amt Av	ailable Amt BFY	Fund Org	Program J	Job BOC CostOr
001 \$42,000.	00 \$34,954.92	\$7,045.08 2000	E3C 09LA09K	20101B 9	99DB 4109
002 \$1,217,000.	00 \$0.00 \$	1,217,000.00 2001	E3C 09LA09K	20101B (00DB 4109

Document Activity:

Date	Ref Amount Related Document	Direction Date	Ref Amount Related Documer	nt Date Re
09/21/01	\$1,217,000.00 <u>RQ 0109W6E040</u>	Back		
06/18/01	\$8,052.40 <u>GP A1001846901</u>	Forward		
06/18/01	\$26,902.52 <u>GP A1001846918</u>	Forward		
09/28/00	\$42,000.00 <u>RO 0009W6E043</u>	Back		

Financial Data Warehouse Homepage
EPA@Work Home | EPA Internet | Search | Comments

http://oasint.rtpnc.epa.gov/pls/neis/grant_web.grant_result
This web page was last updated on 03/22/2003.
This data was last updated on 06/04/2003 14:04
This page coordinated by: Natasha McCann and: Thomas Ngo

FINANCIAL STATUS REPORT

(Short Form)
(Follow instructions on the back)

							Andrew Control of the
 Federal Agency and Organzat to which report is submitted 	ional Element 2. Federal Graby Federal		ntifying Number	OMB Approva	l No.	Page	Of
EPA, Region IX, Grants Mgmt.		rigorioy					
75 Hawthorne St., San Francisco	- CA 04105	S-98969501	1-2	0348	-0039	1	1
3. Recipient Organization (Name							
The Hopi	Γribe						
P.O. Box							
ERADISCHIEGONA REKONOMIKANA A	vi, Arizona 86039						
4. Employer Identification Number		or Identifying Nu	ul6. Final Benor	t		7. Basis	
86-0134082	579-xxxx-6260	7 27	() Yes	(X) No		() Cash	(X) Accrual
8. Funding/Grant Period	317-XXXX-0200		ered by this Rep			()	(11) / Tooldal
From: (Month, Day, Year)	To: (Month, Day, Year)	From: (Month			To: (Month, Da	ay, Year)	
10/1/2000	11/30/2005		10/1/2002			9/30/2003	
10. Transactions:			I				III
		Previousl	y Reported	This I	Period	Cum	ulative
a. Total outlays		\$	17,768.13	\$	16,107.34	\$	33,875.47
b. Recipient share of outlays							
c. Federal share of outlays		\$	17,768.13	\$	16,107.34	\$	33,875.47
d. Total unliquidated obligations						\$	-
e. Recipient share of unliquidate	ed obligations					\$	_
f. Federal share of unliquidated	obligations					\$	_
g. Total Federal share (Sum of li	nes c and f)					\$	33,875.47
h. Total Federal funds authorized	d for this funding period					\$ 1,2	259,000.00
I. Unobligated balance of Federa	al funds <i>(Line h minus line g)</i>						225,124.53
11. Indirect a. Type of Rate	(Place "X" in appropriate spac	ce() Provisiona	a () Pred	letermined	() Final		Fixed
Expense b. Rate	N/A c. Base	N/A	d. Total Amou	N/A		e. Federal Sh	N/A
12. Remarks: Attach any explai							1,711
							1
13. Certification: I certify to the b	est of my knowledge and belief t	hat this report i	s correct and co	mplete and that	all outlays and	unliquidated ol	bligations are
	set forth in the award documen				TO COME TO A TO COME T	→ *** *** *** *** *** *** *** *** *** *	
Typed or Printed Name and Title				Telephone (Ar	ea Code, numb	per and extensi	on)
Winifred Secakuku-Sera	wop, Finance Director				(928) 7	34-3301	
Signature of Authorized Certifying	Official	***************************************		Date Report S	ubmitted		
111.							- =
Meny And H	uaway		וח	- CP5-1-	7-04		
1 0 17		12		COLIVEL		Standard Form 269A	(REV 4-88)

CC. K. Ryan.

Prescribed by OMB Circulars A-102 and A-110

cancelled 6/5 Approved by Office of Management and REQUEST FOR ADVANCE Budget, No. 80-R0183 1 2. BASIS OF a. "X" one, or both boxes OR REIMBURSEMENT () ADVANCE REQUEST TYPE OF PAYMENT (X) REIMBURSEMENT REQUESTED (X) CASH (See instructions on back) b. "X" the applicable box () FINAL (X) PARTIAL) ACCRUAL 3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL 4. FEDERAL GRANT OR OTHER IDENTIFYING 5. PARTIAL PMT REQUEST ELEMENT TO WHICH THIS REPORT IS SUBMITTED NUMBER ASSIGNED BY FEDERAL AGENCY NO. FOR THIS REQUEST FS-98969501-3 EPA, Region 9, Grants Management, Sec. RMD-7 # 03 75 Hawthorne Street, San Francisco, CA 94105 6. EMPLOYER IDENTIFICATION 7. RECIPIENT'S ACCOUNT NUMBER PERIOD COVERED BY THIS REQUEST OR IDENTIFYING NUMBER NUMBER FROM (month, day, year): TO (month, day, year): 86-0134082 579-XXXX-6260-579 June 1, 2001 April 30, 2003 9. RECIPIENT ORGANIZATION 10. PAYEE (Where check is to be sent is different than item 9) The Hopi Tribe The Hopi Tribe Name: P.O. Box 123 P.O. Box 123 Number and Street: Number and Street: Kykotsmovi, Arizona 86039 Kykotsmovi, Arizona 86039 City, State and ZIP Code: City, State and ZIP Code: COMPUTATION OF AMOUNT OF REIMBURSEMENTS! ADVANCES REQUESTED (a) (c) PROGRAMS/FUNCTIONS/ACTIVITIES TOTAL a. Total program outlays (As of date) 4/30/03 \$ 18,701.28 \$ 18,701.28 to date b. Less: Cumulative program income 18,701.28 c. Net program outlays (line a minus line b) 18,701.28 d. Estm net cash outlays for advance period 18.701.28 e. Total (Sum of lines c & d) 18,701.28 f. Non-Federal Share of amount on line e \$ 18,701.28 g. Federal share of amount on line e 18,701.28 \$ 17,768.79 \$ 17,768.79 h. Federal payments previously requested \$ 932.49 \$ I. Federal share now requested (Line g minus line h) 932.49 . Advances required by month 1st month when requested by Federal grantor agency for use in 2ne month prescheduled advances. 3rd month ALTERNATE COMPUTATION FOR ADVANCES ONLY a. Estimated Federal Cash outlays that will be made during period covered by this advance b. Less: Estimated balance of Federal cash on hand as of beginning of advance period c. Amount requested (Line a minus/line b) SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL DATE REQUEST SUBMITTED RECEIVED I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agree-JUN 0 2 2003 TYPE OR PRINTED NAME AND TITLE ment and that payment is due and has not been Winifred Secakuku-Serawop (928) 734-3301 previously requested. GMO. PMD-7 **Finance Director**

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

Federal Agency and to which report is s		ent	2. Federal Grant or by Federal Agen	Other Identifying N	umber Assigned	OMB Approval No.		Page	Of
EPA, Region IX		SectPMD-7	The state of the s	S-98969501	-2				
75 Hawthorne St	No.					0348	-0039	1	1
3. Recipient Organizat	ion (Name and comp	lete address, including	ZIP code)						
	The Hopi 'P.O. Box								
		vi, Arizona	86039						
4. Employer Identificat	-	5. Recipient Account		na Number	6. Final Report			7. Basis	
86-013			xxxx-6260-	-	() Yes	(X) No		(X) Cast	h () Accrual
8. Funding/Grant Perio	a no monocolor	319-	AAAA-0200-	9. Period Covered		(21) 100		(2X) (dSi	1 (/ Accidal
From: (Month, Day, Ye	ear)	To: (Month, Day, Yea		From: (Month, Day	, Year)		To: (Month, Day, Y	'ear)	
10/1/	00	11/30	/05		10/1/01			9/30/02	
10. Transactions:					1	1	II		III
				Previous	y Reported	This	Period	Cı	umulative
a. Total outlays				\$	17,768.13	\$	-	\$	17,768.13
b. Recipient share of	outlays								
c. Federal share of ou	ıtlays			\$	17,768.13	\$	- 1	\$	17,768.13
d. Total unliquidated	obligations							\$	-
e. Recipient share of	unliquidated obligation	ons						\$	_
f. Federal share of un	liquidated obligation	s						\$	_
g. Total Federal share	(Sum of lines c and	f)						\$	17,768.13
h. Total Federal funds	authorized for this f	unding period						\$ 1	1,259,000.00
I. Unobligated balance	e of Federal funds (L	ine h minus line g)						\$ 1	1,241,231.87
11. Indirect	a. Type of Rate <i>(Pi</i>	lace "X" in appropriate	space)	() Provisional	() Pred	letermined	() Final	() F	ixed
Expense	b. Rate	N/A	c. Base	N/A	d. Total Amount	N/A		e. Federal Sha	re N/A
12. Remarks: Attach	any explanations de								
13. Certification:		best of my knowle s set forth in the a			s correct and co	mplete and that	all outlays and	unliquidated	obligations are
Typed or Printed Name						Telephone (Area Co	nde, number and ext	ension)	
Winifred Sec	akuku-Sera	wop, Financ	e Direc				(928) 7	34-3301	
Signature of Authorized		VALS				Date Report Submi			
11.1.	. , 1,	1 0							
Memph	MAL	Munday			10	5.27.6	23		
0	1			No.		ECEIVE)	Standard Form 269A ((REV 4-88)
				NEW TO	11	IN 0 2 and	17	Prescribed by OMB Cir	rculars A-102 and A-110

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REQUEST	FOR AD	VANC	E	Approved by Office of Manag Budget, No. 80-R0183	ement and	PAGE 1	OF 1	
OR REI	MBURSE	JENT	•	1. TYPE OF PAYMENT	a. "X" one, or both boxes () ADVANCE	2. BASIS OF REQUEST	-	
				REQUESTED	(X) REIMBURSEMENT	(X) CASH		
(See in	nstructions on ba	ck)	745 85 ⁵		b. "X" the applicable box () FINAL (X) PARTIAL	, ACCRUAL		
3. FEDERAL SPONSORING AGENCY A	ND ORGANIZATIONAL			4. FEDERAL GRANT OR OTH	5. PARTIAL PMT REQUEST			
EPA, Region 9, Grants		Soc PM	D.7	NUMBER ASSIGNED BY FEI	NO. FOR THIS	#2		
75 Hawthorne Street, S				13-365		#2		
6. EMPLOYER IDENTIFICATION	7. RECIPIENT'S ACC	OUNT NUMBER		8./	PERIOD COVERED BY THIS			
NUMBER 86-0134082	OR IDENTIFYING I		700	FROM (month, day, year):	101	TO (month, day,		
9. RECIPIENT ORGANIZATION	5/6-X	xxx-6260-	/8C		1/01 is to be sent is different th		/28/02	
				TOTALE (WHOLE SHOOK		un nem o ,		
Name:	The Hopi Tr			Name:	The Hopi Tribe			
Number and Street:	P.O. Box 123			Number and Street:	P.O. Box 123			
City, State and ZIP Code:	Kykotsmovi			City, State and ZIP Code:	Kykotsmovi, Ar	izona 8603	9	
DDDCDAMC/FUNCTIONS		PUTATION O	F AMOUNT OF	REIMBURSEMENTS / AD	(c)	· .		
a. Total program outlays	(As of date)				1		TOTAL	
to date	2/28/02	\$	17,273.65			\$	17,273.65	
b. Less: Cumulative program income								
c. Net program outlays (line a minus lin	ne b)	\$	17,273.65			\$	17,273.65	
d. Estm net cash outlays for advance p	period							
e. Total (Sum of lines c & d)		\$	17,273.65			\$	17,273.65	
f. Non-Federal Share of amount on line	е							
g. Federal share of amount on line e		\$	17,273.65			\$	17,273.65	
h. Federal payments previously reques	ted	\$	17,186.79		/	\$	17,186.79	
I. Federal share now requested (Line g	minus line h)	\$	86.86			\$	86.86	
j. Advances required by month when requested by Federal	1st month				/		OK topu	
grantor agency for use in	2ne month		**************************************		X		E. 8241	
prescheduled advances.	3rd month			/	2000		11.	
12.	-	AL	TERNATE COM	PUTATION FOR ADVANC	ES ONLY	1		
a. Estimated Federal Cash outlays that	will be made during po	eriod covered by	this advance					
b. Less: Estimated balance of Federal (cash on hand as of beg	inning of advan	ce period					
c. Amount requested (Line a minus line	b)					1 2 2 2		
13.		SIGNATURE	~~~~~~	TIFICATION ENTIFYING OFFICIAL		DATE REQUEST	SURMITTED	
I certify that to the best of my knowle data above are correct and that all out		M.	1 1	- Internation		3/22/		
in accordance with the grant condition ment and that payment is due and has		TYPE OR PRIN	TED NAME AND T	TITLE		TELEPHONE NU		
previously requested.	III Deell	John Car				(520) 734-		
37	•	Finance						
This space for agency use				7.	7	<u> </u>	-	
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1					RE	ECFIVE		
					APF	R 0 5 200	2	
\				GMO, PMD-7				
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FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

Federal Agency and Orga to which report is submit		nt	2. Federal Grant or by Federal Agen	Other Identifying Nu	umber Assigned	OMB Approval No.		Page	Of
EPA, Region IX, Gra		Sect.,PMD-7		S-98969501	-2				
75 Hawthorne St., Sa	0.00					0348	3-0039	1	1
3. Recipient Organization (N	lame and compl	ete address, including	ZIP code)						
Th	ne Hopi T	Cribe							
	O. Box								
Ky	ykotsmo	vi, Arizona	86039						
4. Employer Identification N	umber	5. Recipient Account	Number or Identifyi	ng Number	6. Final Report			7. Basis	_
86-01340	82	579-	xxxx-6260-	-579	() Yes	(X) No		(X) Cash	() Accrual
8. Funding/Grant Period		T /84 / D V		9. Period Covered I			I		
From: (Month, Day, Year)		To: (Month, Day, Yea		From: (Month, Day			To: (Month, Day, Y		
10/1/00		4/30/	03		10/1/01	T		9/30/01	
10. Transactions:	to. Transactions:					100000	II Period	Cun	III nulative
a. Total outlays			65	\$	y Reported -	\$	17,768.13	\$	17,768.13
b. Recipient share of outlay	ys .								
c. Federal share of outlays			-	\$	9 -	\$	17,768.13	\$	17,768.13
d. Total unliquidated obliga	tions							\$	_
e. Recipient share of unliqu	idated obligatio	ns	5					\$	_
f. Federal share of unliquida	ated obligations	3						\$	-
g. Total Federal share <i>(Sum</i>	of lines c and t)						\$	17,768.13
h. Total Federal funds autho	orized for this fu	ınding period						\$ 1,2	259,000.00
I. Unobligated balance of Fe	ederal funds <i>(Lii</i>	ne h minus line g)	200					\$ 1,	241,231.87
11. Indirect a. Ty	pe of Rate <i>(Pla</i>	ce "X" in appropriate	space)	() Provisional	() Pred	determined	() Final	() Fixe	ed
Expense b. Ra	ate	N/A	c. Base	N/A	d. Total Amount	N/A		e. Federal Share	N/A
12. Remarks: Attach any ex	xplanations de					26 16 14 (max)			
		est of my knowle			correct and co	mplete and that	all outlays and	unliquidated o	bligations are
		set forth in the a	ward document	ts.					
Typed or Printed Name and T						Telephone (Area Co	nde, number and ext	•	
John Carpenter,	Finance	Director					(928) 73	34-3301	
Signature of Authorized Certi	fying Official	, 1	1			Date Report Submi	/		
J.	1ha	lay	eenter	ン		12/6	28/01		=
		-		F	RECEIVED)			

CC: PO: 1/1002 JAN 07 2002

Standard Form 269A (REV 4-88) Prescribed by OMB Circulars A-102 and A-110

	1 6							
REQUES	T FOR AD	VANCE	Approved by Office of Man Budget, No. 80-R0183	agement and	PAGE OF	1		
4	MBURSE		1. Type of Payment	a. "X" one, or both boxes () ADVANCE	2. BASIS OF REQUEST	1		
	d Corrected -		REQUESTED	b. "X" the applicable box () FINAL (X) PARTIAL	(X) CASH			
3. FEDERAL SPONSORING AGENCY A ELEMENT TO WHICH THIS REPORT	IS SUBMITTED		4. FEDERAL GRANT OR OT NUMBER ASSIGNED BY F	HER IDENTIFYING EDERAL AGENCY	5. PARTIAL PMT REQUEST NO. FOR THIS REQUEST			
EPA, Region 9, Grants 75 Hawthorne Street, S			FS-98	3969501-0	#2 (Rev	vised)		
6. EMPLOYER IDENTIFICATION NUMBER	7. RECIPIENT'S ACC	COUNT NUMBER	8. FROM (month, day, year):	PERIOD COVERED BY THI	HIS REQUEST TO (month, day, year):			
86-0134082	to summer to some a motorer	XXX-6260-579		/1/01	5/31,			
9. RECIPIENT ORGANIZATION				k is to be sent is different th				
Name:	The Hopi Tr	ibe	Name:	The Hopi Tribe				
Number and Street:	P.O. Box 123		Number and Street:	P.O. Box 123				
City, State and ZIP Code:	,	, Arizona 86039	City, State and ZIP Code:	Kykotsmovi, Ar	izona 86039			
11.		PUTATION OF AMOUNT OF	REIMBURSEMENTS / A					
PROGRAMS/FUNCTIONS/ a. Total program outlays	(As of date)			(c)	ТОТ	AL		
to date	5/31/01	\$ 17,768.13			\$	17,768.13		
b. Less: Cumulative program income								
c. Net program outlays (line a minus lin	e b)	\$ 17,768.13			\$	17,768.13		
d. Estm net cash outlays for advance p	eriod	10		, 11 <u></u>				
e. Total (Sum of lines c & d)		\$ 17,768.13			\$	17,768.13		
f. Non-Federal Share of amount on line	e			0 0				
g. Federal share of amount on line e		\$ 17,768.13			\$	17,768.13		
h. Federal payments previously request	ed	\$ 14,361.63			\$	14,361.63		
. Federal share now requested (Line g r	ninus line h)	\$ 3,406.50	,		\$	3,406,50		
Advances required by month when requested by Federal	1st month							
grantor agency for use in prescheduled advances.	2ne month							
•	3rd month							
1 <u>7.</u>			PUTATION FOR ADVAN	CES ONLY	T			
n. Estimated Federal Cash outlays that								
Less: Estimated balance of Federal ca		ning of advance period						
. Amount requested (Line a minus line l)	CENT	IFICATION					
certify that to the best of my knowled		SIGNATURE OF AUTHORIZED CER			DATE REQUEST SUBM	MITTED		
lata above are correct and that all outla	ys were made	John la	epale		7510	(-		
n accordance with the grant conditions nent and that payment is due and has n	ot been	TYPE OR PRINTED NAME AND TI	TLE	4	TELEPHONE NUMBER			
reviously requested.	1	John Carpenter			(520) 734-330	1		
his space for agency use	$\overline{}$	2						
- E	(/	I adju	herot					
	0	bondos	es only	RECEN	/CD			
			5=5	JUL 10		2		
			9 1 8					
				GMO, PM	ID-7			

270-102

STANDARD FORM 270/7.704

/								
REQUES	T FOR AD	VAN	ICE	Approved by Office of Mana Budget, No. 80-R0183	agement and	PAGE 1	0F 1	
OR RE	IMBURSE	MEN	Т	1. Type of payment	a. "X" one, or both boxes () ADVANCE (X) REIMBURSEMENT	2. BASIS OF REQUEST		
	d Corrected - instructions on b		/01	REQUESTED	b. "X" the applicable box	(X) CASH		
3. FEDERAL SPONSORING AGENCY / ELEMENT TO WHICH THIS REPORT EPA, Region 9, Grants 75 Hawthorne Street, 9	is submitted Management	, Sec. I		4. FEDERAL GRANT OR OTH NUMBER ASSIGNED BY FI FS-98	HER IDENTIFYING	5. PARTIAL PMT REQUEST NO. FOR THIS REQUEST #1 (Revised)		
6. EMPLOYER IDENTIFICATION	7. RECIPIENT'S ACI			8.	PERIOD COVERED BY THIS	S REQUEST		
NUMBER	OR IDENTIFYING	NUMBER		FROM (month, day, year):	34 4 31 N E 7	TO (month, day,	, year):	
86-0134082	579-X	XXXX-6	260-579		/1/01		1/1/01	
9. RECIPIENT ORGANIZATION				10. PAYEE (Where check	k is to be sent is different the	an item 9)	17.5	
Vame:	The Hopi Ti	ribe		Name:	The Hopi Tribe			
Number and Street:	P.O. Box 123			Number and Street:	P.O. Box 123			
			0.000					
City, State and ZIP Code:	Kykotsmovi			City, State and ZIP Code:	Kykotsmovi, Ari	zona 8603	9	
11. PROGRAMS/FUNCTIONS		(a)	IN OF AMOUNT OF	REIMBURSEMENTS AI	(c)			
a. Total program outlays	(As of date)			(3)	107		OTAL	
to date	4/1/01	\$	14,361.63			\$	14,361.63	
. Less: Cumulative program income								
. Net program outlays (line a minus lin	ne b)	\$	14,361.63			\$	14,361.63	
. Estm net cash outlays for advance p	period							
. Total (Sum of lines c & d)		\$	14,361.63			\$	14,361.63	
Non-Federal Share of amount on line	е							
Federal share of amount on line e		\$	14,361.63			\$	14,361.6	
. Federal payments previously request	ted	\$	24 1 12 4 14			s		
Federal share now requested (Line g	minus line h)	\$	14,361.63			s	14,361.63	
Advances required by month	1st month					-	11,001.00	
when requested by Federal grantor agency for use in	2ne month						-	
prescheduled advances.					-			
3	3rd month							
<u> </u>				PUTATION FOR ADVANC	ES ONLY			
Estimated Federal Cash outlays that						_		
Less: Estimated balance of Federal c		nning of adv	vance period					
Amount requested (Line a minus line	b)		A					
•		SIGNATURI	E OF AUTHORIZED CER	TIFICATION RTIFYING OFFICIAL		DATE REQUEST S	SUBMITTED	
certify that to the best of my knowled	•	0	11	equiter		-1-1	/	
eta above are correct and that all outle accordance with the grant conditions		K	nn ca	equiter		115/9		
ent and that payment is due and has r			RINTED NAME AND TI	TLE		TELEPHONE NUM	IBER	
eviously requested.			arpenter			(520) 734-3	301	
		rinanc	e Director					
nis space for agency use		Si	nda.	istant	A		-	
		00	ph	poses o	aly)			
				(55)	DEG) =WED		
*				(-)				
						0 2001		
	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				GMO,	PMD-7		

. Memorandum

To:

Elizabeth Stahl

Grants Management Office

U.S Environmental Protection Agency, Region IX

75 Hawthorne Street

San Francisco, CA 94105

ec:

Nadine Ami; Yvonge Day

From:

Thom Kahe

Date:

8/15/01

Re:

Drinking Water Set-aside Grants

Elizabeth,

I tried faxing these documents to you yesterday and this morning, your fax line has been busy. I think that it would appropriate to mail them to you, this way you will have good readable documents.

COMPLUENTIAL

RECEIVED

AUG 2 0 2001

GMO, PMD-7

Tkake Chipinsi, us.

THOM KAHE, C/G ACCOUNTANT THE HOPI TRIBE CONTRACTS & GRANTS TELEPHONE: (928) 734-3356 FACSIMILE; (928) 734-3317

facsimile transmittal

To: ELIZABETH STAHL, EI From: THOM KAHE Re: Drinking Water Set-Aside CC: Nadine Ami; Yvonne Day	☐ Please Comment	☐ Please Reply ☐ Please Recycle
From: THOM KAHE	у	
	le Grants Pages:	8 (Including cover sheet)
10: ELIZABETH STAHL, EI	Date:	8/15/01
To DIAGADEMIA COLANA DI	EPA Fax:	415-744-1678

Elizabeth,

Attached are the reconciliation's for Grants #FS-98969501-1 and #FS-98969501-0. I have enclosed the latest expenditure reports and our drawdown worksheets for each grant. The expenditures report is in agreement with the drawdown sheets showing expenditures for both grants. As you can see, the payments from EPA in the amount of \$34,954.92 were received. These receipts are for Request #1 in the amount of \$8,0542.40 and for Request #2 in the amount of \$26,902.52. The G/L Trial Balance also supports these receipts.

As you are aware, both payments were incorrectly requested from one grant, thus the rescon for the EPA.

As you are aware, both payments were incorrectly requested from one grant, thus the reason for the EPA revenues received in the Moencopi (Fund 579) account.

All the expenditures have been separated between the two grants and we have both projects showing remaining budgets.

Please disregard the processing of payments 1 and 2, these were revised reports showing the corrected amounts requested as stated in the cover letter. All adjustments have been done in-house with assistance from the Water Resources Program in identifying which projects were responsible for their expenditures.

The Program has informed me that these projects are near completion; therefore we are not anticipating any additional expenditures.

Please call me for any questions. This should be the last of the pending issues, if there is something else, please let me know.

RECEIVED

AUG 2 0 2001

GMO, PIVIL-/

CONTRACT/GRANT PERIOD: OCTOBER 01, 2000 - AUGUST 31, 2001 HOPI IDENTIFYING NUMBER: 579-XXXX-6260-579 CONTTRACT/GRANT NUMBER: FS-98969501-0 CONTRACTOR: ENVIRONMENTAL PROTECTION AGENCY PROGRAM: DRINKING WATER INFRASTRUCTURE SET ASIDE-MOENCOPI LETTER OF CREDIT: \$42,000.00

> updated:08/14/01 Revised expenditures: 06-20-01 Corrected &

-	6									(9/29/00	ite			
													ı	-		_										No.	Amt.		
TOTAL:								a a								Amount transferred from 578		M							AWARD	DESCRIPTION		AMENDMENTS	
\$ 42,000.00																				THE STATE OF THE S					\$42,000.00	AMOUNT			
																	#2	#1								No.	D/D		
49																\$ (\$	€9								A۱			
17,768.13	*															(17,186.79)	26,902.52	8,052.40								AMOUNT		DRAW	
RECEIVED																	#89684	#89683								NUMBER	RECEIPT	DRAWDOWNS	
)																	6/22/01	6/22/01								RECEIPT	DATE OF		
\$ 24,231.87	\$ 24,231.87	\$ 24,231.87	\$ 24,231.87	\$ 24,231.87	\$ 24,231.87	\$ 24,231.87	\$ 24,231.87	\$ 24,231.87	\$ 24,231.87	\$ 24,231.87	\$ 24,231.87	\$ 24,231.87	\$ 24,231.87	\$ 24,231.87	\$ 24,231.87	\$ 24,231.87	\$ 7,045.08	\$ 33,947.60 May01	\$ 42,000.00 Apr01	\$ 42,000.00 Mar01	\$ 42,000.00 Feb01	\$ 42,000.00 Jan01	\$ 42,000.00 Dec00	\$ 42,000.00 Nov00	\$ 42,000.00	BALANCE	L-0-C		
															Aug01		Jun01	May01	Apr01	Mar01	Feb01	Jan01	Dec00	Nov00	Oct00	Year	Month/	EXPI	
↔															49	\$	\$		\$ 1	\$	\$	\$	₩.	49	€	AN		EXPENDITURES	
17,768.13	2.1							70								1	1	3,406.50	11,568.11	2,793.52		ı		1	ı	AMOUNT		JRES	
€9																69	€9	€9	69	(3)	\$	49	49	69	49)	
24,231.87																24,231.87	24,231.87	24,231.87	27,638.37	39,206.48	42,000.00	42,000.00	42,000.00	42,000.00	42,000.00	Hand	On	CASH	

AUG 2:0 2001

GMO. PMD-7

REPORT:: 08/14/01 RUN...: 08/14/01 TIME: 11:30 Run By.: Thom Kahe

The Hopi Tribe
Status Report with Encumbrance by FUND
for Calendar Period.: 08-01 Fiscal Period.: 08-01

PAGE: 001 ID #: GLIS CTL.: HOP

FUND #: 579

Name: EPA MOEN DRINKG

Percent of Year Remaining: 33%

Revenue Description	Current Month	Year to Date Actual	<*> Annual Encumbrance	Annual Actual+Encum.	Annual Budget	Remaining Budget	Rema
3875 OFP REVENUES - OTHER FEDERAL	0.00	34954.92	0.00	34954.92	0.00	-34954.92	-999
Expense Description	Current Month	Year to Date Actual	<*> Annual Encumbrance	Annual Actual+Encum.	Annual Budget	Remaining Budget	Rema
5500 6260 OFFICE SUPPLIES OFP USE ONLY 6700 6260 CONSULTING SERV OFP USE ONLY	0.00	676.59 17091.54	0.00		2000.00 40000.00	1323.41 22908.46	
Total Expense>	0.00	17768.13	0.00	17768.13	42000.00	24231.87	58
FUND TOTAL	0.00	17186.79	0.00	17186.79	-42000.00	-59186.79	141

<*> Annual Encumbrance figures Include All Encumbrances

REPORT:: 08/14/01 RUN...: 08/14/01 TIME: 11:31

MOEN DRINKING WATER INFRA
Status Report with Encumbrance by FUND
lendar Period.: 08-01 Fiscal Period.: 1

PAGE: 001 ID #: GLIS CTL.: 579

FUND #: 579

Name: EPA MOEN DRINKG

Percent of Year Remaining: 8%

Expen	se Description	Current Month	Year to Date Actual	<*> Annual Encumbrance	Annual Actual+Encum.	Annual Budget	Remaining Budget	Rem%
5500 6700	6260 OFFICE SUPPLIES OFP USE ONLY 6260 CONSULTING SERV OFP USE ONLY	0.00	676.59 17091.54	0.00	676.59 17091.54		1323.41 22908.46	
	Total Expense>	0.00	17768.13	0.00	17768.13	42000.00	24231.87	58
<+>	FUND TOTAL	0.00	-17768.13	0.00	-17768.13	-42000.00	-24231.87	

<*> Annual Encumbrance figures Include All Encumbrances
<+> FUND Total = Total of Revenues - Total of Expenses

PROGRAM: DRINKING WATER INFRASCTURE-SHUNGOPAVI CONTRACTOR: ENVIRONMENTAL PROTECTION AGENCY

CONTTRACT/GRANT NUMBER: FS-98969401-0

CONTRACT/GRANT PERIOD: OCTOBER 01, 2000 - AUGUST 31, 2001

HOPI IDENTIFYING NUMBER: 578-XXX-6260-78C

Revised; 08/14/01

£																									(7.72/01	Date	l	
					-								,														No.	Amt.	
	I O A !	TOTAL																								AWARD	DESCRIPTION		AMENDMENTS
\$ 42,000.00																									\$ 42,000.00	AMOUNT			
L																		Trans.								No.	D/D		
69																		69							49	A			
17,186.79													,					17,186.79								AMOUNT		DRAV	
RECEI																		Adjustment								NUMBER	RECEIPT	DRAWDOWNS	
YEU							-											6/27/01								RECEIPT	DATE OF		-
\$ 24,813.21	\$ 24,813.21				1	\$ 24,813.21		\$ 24,813.21	\$ 24,813.21	\$ 24,813.21	\$ 24,813.21	\$ 24,813.21	\$ 24,813.21	\$ 24,813.21	\$ 24,813.21	\$ 24,813.21	\$ 24,813.21	\$ 24,813.21	\$ 42,000.00	\$ 42,000.00	\$ 42,000.00	\$ 42,000.00	\$ 42,000.00	\$ 42,000.00 Nov. 00	\$ 42,000.00	BALANCE	L-0-C		į
															Aug-01	Jul-01	Jun-01	May-01	Apr-01	Mar-01	Feb-01	Jan-01	Dec. 00	Nov. 00	Oct. 00	Year	Month/	EXPE	
\$ 17															€9	₩	€9	€9	\$ 1:	\$	€9	€9	€9	€9	€9	AN		EXPENDITURES	
17,186.79															-		-	553.26	12,512.83	4,120.70		-				AMOUNT		URES	
€9	8	€ ÷	8	49	€9	↔	€9	€9	€9		€9	↔	€9	↔	€9	€9	↔		&	€9	↔	€9	€9	↔	€9				
24,813.21	24,813.21	24,813.21	24,813.21	24,813.21	24,813.21	24,813.21	24,813.21	24,813.21	24,813.21	24,813.21	24,813.21	24,813.21	24,813.21	24,813.21	24,813.21	24,813.21	24,813.21	24,813.21	25,366.47	37,879.30	42,000.00	42,000.00	42,000.00	42,000.00	42,000.00	Hand	On	CASH	

GMO, PMD-7

REPORT:: 08/14/01 RUN...: 08/14/01 TIME: 14:19 Run By:: Thom Kahe

The Hopi Tribe
Status Report with Encumbrance by FUND
alendar Period.: 08-01 Fiscal Period.: 01

PAGE: 001 ID #: GLIS CTL.: HOP

FUND #: 578

Name: EPA SHUNG DRNKG

Percent of Year Remaining: 33%

Expe	nse Description	Current Month	Year to Date Actual	<*> Annual Encumbrance	Annual Actual+Encum.	Annual Budget	Remaining Budget	Rem%
5500 6700	6260 OFFICE SUPPLIES OFF USE ONLY 6260 CONSULTING SERV OFF USE ONLY	0.00	676.59 16510.20	0.00	676.59 16510.20		1323.41 23489.80	66 59
	Total Expense>	0.00	17186.79	0.00	17186.79	42000.00	24813.21	59
<+>	FUND TOTAL	0.00	-17186.79	0.00	-17186.79	-42000.00	-24813.21	59

<*> Annual Encumbrance figures Include All Encumbrances
<+> FUND Total = Total of Revenues - Total of Expenses

REPORT:: 08/14/01 RUN...: 08/14/01 TIME: 11:43

SHUNGOPAVI DRNKG WTR INFR
Status Report with Encumbrance by FUND
fo_ calendar Period.: 08-01 Fiscal Period.: 11-01

PAGE: 001 ID #: GLIS CTL.: 78C

FUND #: 578

Name: EPA SHUNG DRNKG

Percent of Year Remaining: 8%

Expense Description	Current Month	Year to Date Actual	<*> Annual Encumbrance	Annual Actual+Encum.	Annual Budget	Remaining Budget	Rem%
5500 6260 OFFICE SUPPLIES OFP USE ONLY 6700 6260 CONSULTING SERV OFP USE ONLY	0.00	676.59 16510.20	0.00		=000.00	1323.41 23489.80	66 59
Total Expense>	0.00	17186.79	0.00	17186.79	42000.00	24813.21	59
<+> FUND TOTAL	0.00	-17186.79	0.00	-17186.79	-42000.00	-24813.21	59

<*> Annual Encumbrance figures Include All Encumbrances
<+> FUND Total = Total of Revenues - Total of Expenses

Report Date: 08/14/01 Run Date...: 08/14/01 11:20 Run by....: 50m Kahe The Hopi Tribe

Trial Balance - Detail in the Order of FUND

For All Accounts From 579 3875

Beginning of: June 1, 2001 (06-01) Thru Ending of: July 31, 2001 (07-01) Page.: ID # GLTB CTL.: HOP G/L Account No Ctr Cal. Fiscl Date Jrnl Line Description Debit Credit 579 3875 EPA MOEN DRINKG OFP REVENUES - OTHER FEDERAL Balance June 1, 2001 (06-01) .00 Jun 2001 06-2001 06/22/01 10-11 0024 CH-Code FAR 0024 CH-Code FAR |000-89683 L0001 FUNDING AGENCY RECPT 8,052.40 DEPA-(01-219)
REQ #1-#FS-98969501-0-DRINKING WATER-INFRAST.MOEN
Jun 2001 06-2001 06/22/01 10-11 0025 CH-Code FAR | 1000-89684 L0001 FUNDING AGENCY RECPT 26,902.52 EPA-(01-221) REQ#2-#FS-98969501-0-DRINKING WATER-INFRAST. MOEN Activity ----> .00 34,954.92 Balance July 31, 2001 (07-01) 34,954.92

REPORT TOTAL --->

34,954.92

REPORT TOTAL for Detail Activity ---->

REQUES	T FOR AD	VAI	NCE	Approved . ice of Mana Budget, No. 80-R0183	agement and	PAGE 1	OF 1		
OR RE	IMBURSE	MEN	IT	1. TYPE OF PAYMENT	a. "X" one, or both boxes () ADVANCE (X) REIMBURSEMENT	2. BASIS OF REQUEST			
(See	instructions on b	eck)		REQUESTED	b. "X" the applicable box	(X) CASH			
3. FEDERAL SPONSORING AGENCY ELEMENT TO WHICH THIS REPORT EPA, Region 9, Grants 75 Hawthorne Street, 5	IS SUBMITTED Management	, Sec.		4. FEDERAL GRANT OR OTH NUMBER ASSIGNED BY FI FS-98	HER IDENTIFYING	5. PARTIAL PMT REQUEST NO. FOR THIS REQUEST #02			
6. EMPLOYER IDENTIFICATION	7. RECIPIENT'S ACI			10	DEDICE CONTENTS ON THE				
NUMBER	OR IDENTIFYING			8. FROM (month, day, year):	PERIOD COVERED BY THIS				
00.000.000	'			rnom (month, day, year):		TO (month, day,	, year):		
86-0134082	579-X	XXX-	6260-579		1/01	5/31/01			
9. RECIPIENT ORGANIZATION				10. PAYEE (Where check	is to be sent is different th	an item 9)			
Name:	The Hopi Ti	ibe		Name:	The Hopi Tribe				
Number and Street:	P.O. Box 123			Number and Street:	P.O. Box 123				
City, State and ZIP Code:	Kykotsmovi	Ariz	ona 86030	Cia. Ca.a	W-1	0.555	_		
11.		*********	***************************************	City, State and ZIP Code:	Kykotsmovi, Ari	zona 8603	9		
	COM		ON OF AMOUNT OF	REIMBURSEMENTS I AL					
PROGRAMS/FUNCTIONS		(a)		(b)	(c)	T	OTAL		
a. Total program outlays	(As of date)								
to date	5/31/01	\$	34,954.92			\$	34,954.92		
b. Less: Cumulative program income									
c. Net program outlays (line a minus lin	ne b)	\$	34,954.92			\$	34,954.92		
d. Estm net cash outlays for advance p	period								
e. Total (Sum of lines c & d)		\$	34,954.92			\$	34,954.92		
f. Non-Federal Share of amount on line	е								
g. Federal share of amount on line e		\$	34,954.92			\$	34,954.92		
h. Federal payments previously request	ed	\$	8,052.40			\$	8,052.40		
I. Federal share now requested (Line g	minus line h)	\$	26,902.52			\$	26,902.52		
j. Advances required by month when requested by Federal	1st month						OK 10 C		
grantor agency for use in	2ne month						E. Stahl		
prescheduled advances.							6/18/01		
	3rd month						,		
12.			ALTERNATE COMP	UTATION FOR ADVANC	ES CINLY				
a. Estimated Federal Cash outlays that	will be made during per	riod cover	ed by this advance						
b. Less: Estimated balance of Federal co	ash on hand as of begin	ning of ac	dvance period						
c. Amount requested (Line a minus line l	b)	8 0					4		
13.			CERT	IFICATION					
I certify that to the best of my knowled data above are correct and that all outle	ge and belief the sys were made	SIGNATUR	RE OF AUTHORIZED CER	TIFYING OFFICIAL	61	LATER LOUIST S	UBMITTED		
in accordance with the grant conditions		/ '							
ment and that payment is due and has n			PRINTED NAME AND TIT	LE		TELEPHONE NUME	BER		
previously requested.			Carpenter			(520) 734-33	301		
	1	Finan	ce Director						
This space for agency use									
osti 51 51									
					F	ECEIVE	D .		

JUN 1 3 2001 GMO, PMD-7

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LEQUES	T FOR AD	VANCE	Approved e of Mai Budget, No. 20110183	nagement and	PAGE OF 1 1			
OR RE	IMBURSE	MENT	1. TYPE OF PAYMENT	a. "X" one, or both boxes () ADVANCE	2. BASIS OF REQUEST			
(See	instructions on ba	ack)	REQUESTED	b. "X" the applicable box	(X) CASH			
3. FEDERAL SPONSORING AGENCY	AND ORGANIZATIONAL		4. FEDERAL GRANT OR O	() FINAL (X) PARTIAL	() ACCRUAL			
ELEMENT TO WHICH THIS REPORT			NUMBER ASSIGNED BY		5. PARTIAL PMT REQUEST NO. FOR THIS REQUEST			
EPA, Region 9, Grants			FS-9	8969501-0		#01		
75 Hawthorne Street, S 6. EMPLOYER IDENTIFICATION	San Francisco, 7. RECIPIENT'S ACC		18.	DEDICE COVERED BY THE				
NUMBER	OR IDENTIFYING		FROM (month, day, year)	PERIOD COVERED BY THIS	TO (month, day,	vear):		
86-0134082 V	579-X	XXX-6260-579	3	3/1/01		/30/01		
9. RECIPIENT ORGANIZATION			10. PAYEE (Where che	ck is to be sent is different th				
Name:	The Hopi Ti	ribe	Name:	The Hopi Tribe				
Number and Street:	P.O. Box 123		Number and Street:	P.O. Box 123				
City, State and ZIP Code:		, Arizona 86039	City, State and ZIP Code:		0600	•		
T. A Paragraph					Zona 8603	9		
PROGRAMS/FUNCTIONS	ACTIVITIES	(a)	(p)	(c)		CTS CONTROL OF THE STATE OF THE		
a. Total program outlays	(As of date)				-	OTAL		
to date	4/30/01	\$ 8,052.40			\$	8,052.40		
b. Less: Cumulative program income					1			
c. Net program outlays (line a minus li	ne b)	\$ 8,052.40			\$	8,052.40		
d. Estm net cash outlays for advance	period ,							
e. Total (Sum of lines c & d)		\$ 8,052.40			\$	8,052.40		
f. Non-Federal Share of amount on line	9 e							
g. Federal share of amount on line e		\$ 8,052.40			\$	8,052.40		
h. Federal payments previously reques	ted	\$ -			\$			
I. Federal share now requested (Line g	minus line h)	\$ 8,052.40		1 1 2 2 2 2	\$	8,052.40		
j. Advances required by month when requested by Federal	1st month					OKTIP		
grantor agency for use in prescheduled advances.	2ne month					E. Stehl		
China y Towns and	3rd month	7500 1 100 F 7 10 T 10		Secretary and the second secon	E-W THE THE WORLD			
Fetimated Federal Cash outlaws that	usill be made during a		IPUTATION FOR ADVAN	DESIGNATION OF THE PROPERTY OF	STATE OF THE STATE OF	THE RESERVE		
a. Estimated Federal Cash outlays that b. Less: Estimated balance of Federal (
. Less. Estimated balance of Federal (casii on hand as or begi	nning of advance period			-			
. Amount requested (Line a minus line	b)							
The Art of Park States	er a de l'ann la figge	SIGNATURE OF AUTHORIZED C	TIFICATION	. 4	DATE DECISION	Marie de		
certify that to the best of my knowle			arpente		DATE REQUEST S	PORWILLED		
lata above are correct and that all out n accordance with the grant condition		John C	argente	7	5/11/	01		
nent and that payment is due and has		TYPE OR PRINTED NAME AND T	TITLE		TELEPHONE NUM	IBER		
reviously requested.		John Carpenter		.1	(520) 734-3	301		
	- "	Finance Director						
his space for agency use	. 1 1	1 1 1	0 1 # 1					
l	m hold	1 5117101-	- Cond. " //	_				
	OKAY O	6 5/17/01- 6 pm. 6/18/	101- pa. K	. Kyan.				
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